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Drug demand reduction: world situation with regard to drug abuse, in particular among children and youth

World situation with regard to drug abuse, in particular among children and youth

Note by the Secretariat

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I. Introduction

1. At its forty-third session, the Commission on Narcotic Drugs adopted draft resolution 43/4, entitled "International cooperation for the prevention of drug abuse among children". The resolution requested the United Nations International Drug Control Programme "to submit, on the basis of existing reporting instruments, (...), a report on the implementation of the present resolution, as well as on the situation with regard to drug and inhalant abuse among children and on prevention and treatment programmes, indicating global trends, organized according to geographical regions, and containing proposals for international cooperation aimed at prevention". The present report is submitted pursuant to that resolution.

2. The importance of the issue of drug abuse among young people has been repeatedly noted by Member States. Both the Political Declaration (S-20/2, annex) and the Declaration on the Guiding Principles of Drug Demand Reduction (S-20/3, annex) adopted by the General Assembly at its twentieth special session, devoted to countering the world drug problem together, highlight the importance of investing in and working with young people to address drug problems. More specifically, in the Political Declaration, the Member States:

> "Welcome the efforts of the wide range of people working in various fields against drug abuse and, encouraged by the behaviour of the vast majority of youth who do not consume illegal drugs, decide to give particular attention to demand reduction, notably by investing in and working with youth through formal and informal education, information activities and other preventive measures" (paragraph 6).

Likewise, the Declaration on the Guiding Principles of Drug Demand Reduction specifically mentions youth as a group in need of attention:

> "There has been an increase in social and economic factors which make people, especially the young, more vulnerable and likely to engage in drug use and drug-related risk-taking behaviour" (paragraph 3);
>
> "Demand reduction programmes should be designed to address the needs of the population in general, as well as those of specific population groups, special attention being paid to youth ..." (paragraph 13).

3. The Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (resolution 54/132) invites States to establish and support mechanisms, as required, including networks that facilitate the participation of young people in the design and implementation of programmes intended for them. The importance of encouraging the active participation of young people in drug prevention activities was also reiterated by the General Assembly in its resolution 53/115, in which it:

> "Recalls the World Programme of Action for Youth to the Year 2000 and Beyond, adopted by the General Assembly on 14 December 1995, notes with satisfaction of the active participation of youth organizations and youth during the special session, and stresses the importance of their continuing to contribute their experiences and to participate in the decision-making processes, in particular in relation to the elaboration of the action plan for the

implementation of the Declaration on the Guiding Principles of Drug Demand Reduction" (section II, paragraph 11).

4. The structure of the present report is as follows: first, a regional overview of drug abuse among children and youth is provided; secondly, emerging issues in that area are highlighted; and thirdly, recommendations on possible policies and strategies to prevent drug abuse among children and youth are considered. For the most part, attention will be confined to examining trends since 1990. That is an appropriate window for analysis, both because it represents a reasonable time-frame against which to reflect on contemporary developments, and because sufficient information on drug abuse among young people during that period is available for analysis. Moreover, the past decade was the United Nations Decade against Drug Abuse (1991-2000), highlighted by the adoption of the Convention on the Rights of the Child (resolution 44/25, annex) and the implementation of the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, adopted at the World Summit for Children held in 1990.

5. The present report is based on information obtained from a range of sources, including the following: the annual reports questionnaire submitted by Member States to the United Nations International Drug Control Programme (UNDCP); regional and national school surveys (such as the European School Survey Project on Alcohol and Other Drugs and the *Monitoring the Future Study* carried out in the United States of America); household or population surveys; and other ad hoc research publications.

6. As a prerequisite to discussing issues relating to children and youth, the definitions of the two terms should be briefly considered. Problems may arise, since the use and meaning of the terms varies considerably between countries. Children are defined in article 1 of the Convention on the Rights of the Child as "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier". "Youth" have also been defined by the United Nations as those between the ages of 15 and 24 years. The World Health Organization (WHO) considers adolescence to be the period between 10 and 19 years. The term "young people" is commonly used for the composite age group of 10- to 24-year-olds.

7. The above-mentioned working definitions reflect a degree of consensus about the salient determining factors (biological, social and cultural) that pertain to children and youth worldwide. However, it should be noted that the notions of children and youth vary considerably across countries and reflect differing socio-economic and cultural contexts. In particular, the social and cultural entry into adolescence or adult life may correspond to those events and rites of passage that are specific to individual societies.

8. For the sake of clarity, the term "children and youth" will be used in the present report to refer to all persons up to 24 years of age.

9. The age of first exposure to and experimentation with drugs differs from country to country and depends on the circumstances and the environment. In some specific situations, such as that of children living in the streets or working children, abuse of inhalants is common at a very young age (often as young as even six or seven). Such behaviour may be associated with the concurrent abuse of alcohol, tobacco or other drugs, or it may predispose the individual to the development of

future drug problems. In general, however, for the majority of children and young people who try drugs, first exposure to drug use appears typically to take place well into adolescence, during the middle or late teenage period. Early age of onset of first drug consumption has also been identified as a predictor of the development of future drug problems and is commonly associated with other social problems.

10. It is important to remember that children are not only affected by their own use of drugs. The abuse of drugs by one or both parents is linked, in some cases, to birth defects or low birth weight, and can lead to the vertical transmission of infection with the human immunodeficiency virus (HIV). After birth, drug abuse by family members may adversely affect parenting behaviour, be associated with child abuse and neglect, or affect the material income and stability of the household. In some countries, children and young people participating in the production, processing and trafficking of drugs may face adverse social, legal or health consequences.

11. Many difficult physical and emotional changes take place during the period from childhood to adolescence. During that period, children and young people acquire some of the skills that are central to their development and, at the same time, they establish habits and behaviours that will often accompany them in their adult life. In drug prevention terms, it is then a period of both opportunity and risk. Since it is so often the time when many young people begin experimenting with drugs, a good argument exists that drug prevention work should start early before behaviours have become established. While it is important to distinguish conceptually between those involved in experimentation and the far smaller number of persons who go on to develop long-term chronic problems, measures to inhibit experimental use remain nevertheless worthwhile. Reducing experimental use is likely to lead to a corresponding reduction in the number of those who go on to develop sustained and problematic consumption patterns. Experimental use itself can have adverse consequences, such as acute and possibly fatal reactions to a single dose of methylenedioxymethamphetamine (MDMA). The effective prevention of drug abuse is therefore important for young people throughout their childhood and adolescence. The targeting and development of prevention programmes is likely to be dependent on understanding patterns and trends in drug abuse among young people and the factors associated with experimentation and continued use. Information on drug abuse patterns and trends among young people is thus of crucial importance for the design of prevention programmes that not only reduce drug abuse among young people, but also, in the long term, prevent problematic drug abuse by the adult population.

12. Information about the extent of drug abuse among young people in the world is often lacking, and the available data do not permit systematic comparisons. Surveys are usually carried out in different years and often use markedly different sampling and data collection methods. Where household surveys are conducted, they suffer from a number of limitations. Young people may be reluctant to admit using drugs in the presence of their families, they may not be included in the sample for ethical or administrative reasons, or they are simply more likely to be absent from the household when sampling occurs. Moreover, in many countries of the world, household surveys of the general population are neither methodologically nor practically viable. The most commonly available information on drug abuse among young people usually relates to specific populations, most often samples of school students. Such information, though valuable for the identification of trends and

attitudes, does not cover the extent of drug abuse among those who have left school or among school dropouts and truants. That problem is important, as prevalence rates may be far higher among those groups than among school attendees in general. Also, as with household surveys, there may be response problems; caution should therefore be exercised when generalizing from such survey results. Nonetheless, school surveys over the last 10 years have developed considerably in terms of the methodology used, their coverage and the comparability of results. Many developed and developing countries now invest in this area of data collection and UNDCP is supporting the further development of the methodological tools.

13. In some countries, survey results are complemented by special studies on street children or other special groups to provide a more comprehensive picture of the drug abuse situation. Dedicated research studies using qualitative and quantitative techniques have also been used to good effect to understand the nature of drug consumption by young people and the dynamics by which problematic behaviours become established. An important role has been played by the work on drug vulnerability, which has sought to identify those factors that are associated with the development of drug abuse problems. Most of the work has been conducted in developed countries and understanding of the issue elsewhere remains poor. However, a wide range of factors have been identified as being associated with an increased potential to develop problems, and may serve to support the early targeting of, and provision of assistance to, those young people most vulnerable to developing future problems.

14. During the forty-second session of the Commission on Narcotic Drugs, the Secretariat submitted a report entitled "Youth and drugs: a global overview" (E/CN.7/1999/8), in which global trends by drug of abuse were analysed. The present report, while building on the information of that earlier report, tries to update that information and provide a regional analysis of trends during the 1990s, as requested by the Commission.

II. World situation with regard to emerging trends in drug abuse

15. Before discussing the specific issue of drug abuse among children and youth, a brief overview of the world situation with regard to emerging trends in drug abuse, based on the responses to the annual reports questionnaire for 1999, is provided (see table).

Table
Reported trends in drug abuse[a]
(Percentages based on number of respondents (N) and all States receiving questionnaire (193))

Drug	Number of States responding (N)	Percentage increase based on	193 States	Stable percentages based on	193 States	Percentage decrease based on	193 States
		N		N		N	
Amphetamine type[b]	53	71	20	28	8	15	4
Cannabis	68	66	23	22	8	12	4
Cocaine	54	57	16	27	8	15	4
Heroin	57	59	18	16	5	25	7

[a]Data based on replies to the annual reports questionnaire submitted by 1 December 2000.

[b]Because of the way in which the annual reports questionnaire handles amphetamines, replies may reflect trends in different directions for amphetamines, methamphetamine and other amphetamines. Multiple trends for individual countries are therefore possible and are reflected in the percentages given.

16. Interpreting questionnaire replies relating to drug demand is made more difficult by a number of technical problems associated with the design of the questionnaire. The problems have been recognized by the Commission and a revised questionnaire is currently being prepared. Interpretation is further complicated by the non-response rate. In 1999, annual reports questionnaires were distributed to 193 Member States and territories for reporting purposes. Of that number, 117 (61 per cent) submitted replies to the Commission by 1 December 2000. The questionnaire comprises three parts. Part two covers demand issues. Of the 117 replies submitted, only 94 (49 per cent) included information in the part concerned with demand. However, the replies in that part were often partial. The table reflects rates of response to questions about current trends in drug abuse. It may be noted that response rates to those questions varied between 53 and 68 per cent, depending on which drug is considered; in other words, about a third of all States (27-35 per cent) submitted replies to those questions. Interpretation of trends is clearly difficult with such a level of response, and caution should therefore be used in drawing conclusions from the data. The percentages given are based on both the possible number of States that could respond (193) and the actual number of replies submitted to the given question.

A. Opioids

17. Fifty-seven States responding to the question on trends reported a rise in the abuse of opiates. Just under two thirds of the replies (18 per cent of all States) indicated an increase, and just over one third (12 per cent of all States) reported that the abuse was stable or in decline. The reported increases were evident mainly in States of central Asia, eastern Europe, Latin America, the Middle East and southern Africa. By contrast, a broadly stable picture has been reported in States members of the European Union,[1] and Belgium, Portugal and Spain, in the annual reports questionnaire, have indicated some decline. The United States has reported a stable

situation with respect to heroin abuse, and China has noted some decline. Of particular concern is the particularly high rate of prevalence reported in a small number of countries (including the Islamic Republic of Iran, the Lao People's Democratic Republic, some areas of Myanmar and Pakistan. Of equal concern are the continuing diffusion of drug injecting as a mode of opioid administration and the potential and actual impact of injecting on the spread of infection with HIV.

B. Cocaine

18. Fifty-four countries reported on cocaine trends. As with heroin, just under two thirds reported an increase and just over a third reported a stable situation or declining abuse. As with the other data contained in the present report, the non-response rate calls for caution in using the data to draw conclusions about global trends. In addition, since relative prevalence rates vary greatly between countries, the relative significance of increasing or decreasing trends in terms of the number of persons affected will also vary. For example, some countries have very small or virtually non-existent cocaine-abusing populations. Overall, abuse of cocaine is still concentrated in the Americas. In terms of trends, in the United States, the largest cocaine market in the world, consumption remains stable, having declined dramatically since the mid-1980s. However, various European countries, as well as Australia, Canada and South Africa, were among those reporting an increase in abuse. Most reports related to cocaine powder rather than crack cocaine (cocaine base), the abuse of which appears far more restricted.

C. Cannabis

19. Cannabis continues to be the most widely consumed drug worldwide, with some level of abuse being found in virtually all countries. Abuse trends are somewhat mixed. In Europe, except for Spain and the United Kingdom of Great Britain and Northern Ireland, which reported a stable situation, and Greece, which reported a reduction, abuse appears to be increasing. Slightly more countries reported an increase in the abuse of cannabis compared with the other drugs under consideration, but response rates were slightly higher and it is unclear from the data what conclusion, if any, should be drawn from that finding. Increased abuse is also reported by a number of countries in west Africa (including Côte d'Ivoire, though not Nigeria), several countries in South America (Argentina, Brazil and Colombia), Central America, the Caribbean, North America (Canada) and Oceania (Australia and New Zealand). By contrast, decreased abuse is reported in Andorra, India, Lebanon, Maldives, Singapore, Tajikistan and Uzbekistan.

D. Amphetamine-type stimulants

20. The abuse of amphetamine-type stimulants (ATS) remains concentrated in Northern America, east and south-east Asia, Oceania and western Europe. It should be remembered that amphetamine, methamphetamine and the Ecstasy group of drugs can all be reported under the heading of ATS. Drugs of that type are likely to vary in terms of route of administration, consumption patterns, associated trends, impact on health and other problems. In south-east Asia (Cambodia, Indonesia and

Thailand), an increase in 1999 was reported, and considerable concern exists in particular about the use of methamphetamine. The dramatic increase in the abuse of Ecstasy and amphetamine that occurred during the 1990s in western Europe appears to have stabilized or even to be in decline. However, continued diffusion of Ecstasy abuse is still observable elsewhere, but prevalence levels are usually low. Some countries in Latin America and west Africa have also reported problems of ATS abuse, but they appear to be related to products intended for pharmaceutical purposes that are obtained without a prescription.

21. In conclusion, global trends produce a mixed picture. There are grounds for optimism, since abuse trends in some areas, in developed countries in particular, appear to have stabilized and in some instances to be in decline. Concern still exists about the diffusion of drug problems in developing countries. In particular, the spread of drug injecting, and the associated risk of HIV and other infections continue to cause concern, as does ATS abuse in general, and specifically methamphetamine abuse in south-east Asia.

III. Overview of the drug abuse situation among youth: global trends in the abuse of drugs during the 1990s

22. Overall, drug prevalence rates among youth in many countries are higher than for the general population. That situation is due to various factors common to almost all countries. As already mentioned, the main reason remains the fact that adolescence is a period of experimentation and search for identity, and that young people are more likely than adults to experiment with various things, including drugs. Thus, prevalence rates among youth can be three or four times higher than those found among the general population.

23. During the past decade, patterns and trends in drug abuse among young people differed from region to region. In developed countries, and increasingly elsewhere, some forms of drug consumption are often associated with particular youth subcultures and lifestyles. The beliefs and values of some subcultural groups serve to legitimize consumption in the eyes of their members. In such cases, the risks associated with consumption may tend to be downplayed or even ignored. In many developed countries, that led, during the past decade, to drug abuse becoming entrenched in the lifestyle of a small but significant minority of young people, with a corresponding general increase in drug abuse during the early 1990s. However, more recently, there have been some signs of stabilization and, in some cases, even a decrease in the abuse of certain drugs. One important factor is the continued development of more effective prevention and demand reduction measures. Other factors are also likely to have an impact, including the saturation of vulnerable populations and changing economic and social conditions. In developed countries, in particular, evidence exists that prevention efforts related to HIV and acquired immunodeficiency syndrome (AIDS), and injecting drug use have had an impact, with a resulting decline in injecting among young people and in related risk behaviours.

24. Abuse of Ecstasy, which escalated in many European countries during the early 1990s, is showing signs of stabilization and decline, according to surveys carried out in 1999. In the United States, the 1999 *Monitoring the Future Study*

indicates that for the third straight year there has been no significant increase in the abuse of drugs, and that the abuse of certain drugs is even falling among youth.

25. In other regions, where not so much data are available, the increase in drug abuse that started in the 1990s seems, however, to be continuing. In central and eastern Europe, since 1989, drug abuse has increased dramatically, especially among young people, reaching in some cases abuse rates similar to those of developed western countries.

26. In Latin America, prevalence rates remain well below the levels registered in the United States and western Europe, but there has been an overall increase in the abuse of drugs by young people. In Africa, the limited data available indicate an increase in the abuse of drugs, especially cannabis, and the appearance of various synthetic drugs, as well as cocaine and heroin.

27. In Asia, the information available does not make it possible to comment in detail on the prevalence rates among children and youth. For the most part, after cannabis, ATS are the major illicit drugs of abuse in several countries of east and south-east Asia. Heroin abuse remains a problem in some areas, but is less commonly found among young people. In south and south-west Asia, cannabis is also the most widely abused drug among young people, followed in some cases by pharmaceutical products and in others by heroin.

28. In summary, lifetime prevalence of cannabis abuse among young people is high in many countries and its abuse is spreading in some areas while stabilizing or even declining in others. ATS abuse is widespread in Asia and Ecstasy abuse, while stabilizing or decreasing in some western European countries, is increasing in eastern Europe and is also spreading to other regions. There are big variations in the prevalence of cocaine abuse. Following declines in the late 1980s and some increases in the early 1990s, cocaine abuse appears to have stabilized among youth in the United States. In western Europe, there have been increases in the abuse of cocaine, though at levels considerably lower than those registered in the United States. Injection of heroin has decreased dramatically in developed countries, but is increasing among youth in eastern Europe, while there are signs of a rise in abuse of heroin by smoking in the United States. Abuse of inhalants, which are not under international control, is common, and remains a serious problem for many children and young people worldwide.

A. Africa

29. Information on drug abuse in Africa is limited. Nonetheless, there are indications that cannabis is the most widely abused illicit drug across the continent, followed in some countries of southern Africa by methaqualone or by various pharmaceutical preparations (benzodiazepines, barbiturates, ATS etc.). In some countries of eastern Africa, the abuse of khat is widespread. Ecstasy appeared recently in Africa and its abuse appears to be growing, while drugs such as heroin and cocaine do not seem to be popular among youth in the region. Prevalence rates for illicit drugs among children and young people in Africa are generally relatively lower than those registered in other regions of the world. However, there are indications that, during the 1990s, the abuse of drugs slowly but constantly increased in various countries of the region. Drug abuse in the rapidly expanding

urban areas and the links between drug abuse and criminal behaviour are of particular concern.

30. Inhalants seem to be mostly abused by young people and children in Africa. For example, lifetime prevalence, registered in various years during the 1990s, was 19 per cent in Kenya and around 12 per cent in Swaziland and Zimbabwe. After inhalants, cannabis is the drug that shows the highest prevalence rates. In Kenya, a 1993 study reported a 12 per cent lifetime prevalence for cannabis. In Namibia, lifetime prevalence among school students was 7 per cent (in 1991) and in Swaziland 9 per cent (in 1997).

31. In South Africa, the abuse of drugs is rising and children and young people are the most affected. Three local school studies undertaken in the urban regions of Cape Town, Durban and Gauteng report lifetime prevalence rates of cannabis abuse that vary between 3.5 and 32 per cent, being highest for Cape Town males in grade 11. The study in Cape Town found that abuse of cannabis almost doubled among students between 1990 and 1997. Cannabis and, to a lesser extent, mandrax (methaqualone) are popular, but Ecstasy and lysergic acid diethylamide (LSD) have started to appear at so-called rave parties and on the disco scene. Heroin also has appeared and the mean age of those receiving treatment for heroin as a primary drug of abuse was reported to be 23 years and decreasing. Inhalants abuse is also high and prevalence rates are between 4 per cent and 16 per cent.

32. In the United Republic of Tanzania, there are reports of heroin abuse among unemployed youth. Also, a 1997 study among primary and secondary students aged 6 to 21 years reported lifetime prevalence of 0.3 per cent for opiates. That may seem to be a low prevalence rate, but the age range considered is very broad and the inclusion of younger children tends to dilute the data. The same study reports 2.2 per cent for cannabis and 0.5 per cent for cocaine.

B. Americas

1. North America

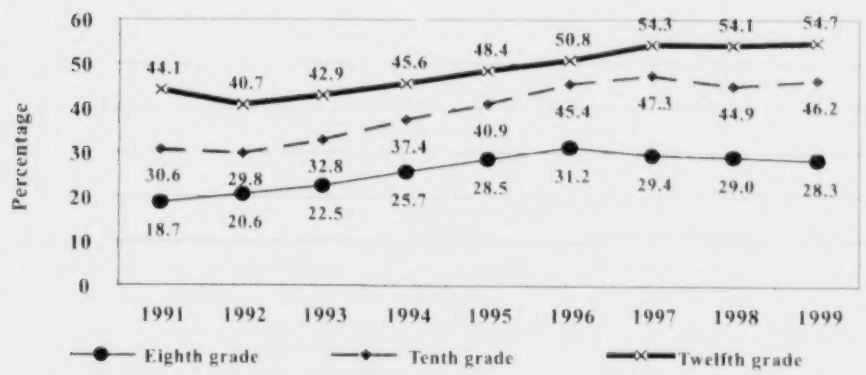
33. In 1975, the majority of young twelfth-grade students (55.2 per cent) in the United States had abused an illicit drug. That figure rose to two thirds (65.6 per cent) in 1981, before a long and gradual decline that reached 40.7 per cent in 1992. Since then, the abuse has increased again to reach peak levels in the mid-1990s. Overall prevalence rates for many drugs among adolescents in the United States slowly receded between 1997 and 1998 and remained stable in 1999 (see figure I).

34. Significant exceptions are cocaine and crack cocaine. Abuse of those drugs among students went down considerably between 1985 and 1992, but the trend reversed between 1992 and 1999 while remaining below the peak levels of the 1980s. Many circumstances have favoured those developments. On the one hand, considerable investments in drug abuse prevention have been made during the past decade and they seem to be showing results. In addition, a series of external factors in the country (unprecedented economic development, low unemployment and a low crime rate etc.) may have created a virtuous circle that contributed to the positive trends. However, although the abuse of drugs remained steady according to the latest *Monitoring the Future Study*, the overall assessment at the end of the

twentieth century was that the problem of drug abuse remained widespread among young people in the United States. Today, over half of them (55 per cent) have tried an illicit drug before they complete high school.

Figure I

Trends in lifetime prevalence rates of abuse of any illicit drugs for eighth-, tenth- and twelfth-grade students in the United States, 1991-1999



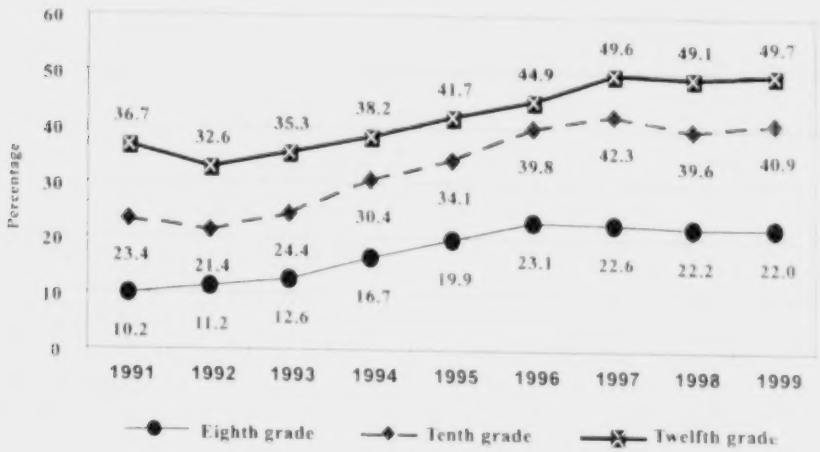
Source: [2].

35. Cannabis remains the most widely abused illicit drug, with high prevalence rates among all grades surveyed by the above-mentioned study (see figure II). While a number of drugs held steady in 1999, the abuse of Ecstasy registered a strong increase, especially in urban areas of the north-eastern United States. Heroin abuse, though remaining stable in 1999, has been increasing since 1991, and especially alarming is the fact that the average age of first-time users dropped from 21 in 1994 to 17 in 1997. Inhalant abuse continued its long-term decline.

36. In Canada, during the 1990s, trends in drug abuse were substantially similar to those of the United States. The 1999 Ontario Students Drug Survey shows that after a substantial decrease during the 1980s from the peak prevalence rates of the middle and late 1970s, since 1993 the use of drugs has been moving upwards, though still remaining below the record levels of 1979. Cannabis abuse in 1999 was 29.2 per cent, compared to 12.7 per cent in 1993. Significant increases in the abuse of eight major drugs were reported, especially since 1997. Lifetime prevalence rates in 1999 were 34.7 per cent for cannabis, 16.3 per cent for hallucinogens, 10.9 per cent for inhalants, 7.1 per cent for amphetamines, 5.1 per cent for cocaine, 3.5 per cent for sedatives and 2.8 per cent for opiates. The 1998 Nova Scotia Students Drug Use survey shows prevalence rates similar to those of Ontario. Ecstasy and gamma hydroxybutyrate, because of their low cost and high availability, have become the popular drugs of choice for young people. The abuse of those substances in Canada could increase in the future.

Figure II

Trends in lifetime prevalence rates of cannabis abuse for eighth-, tenth- and twelfth-grade students in the United States, 1991-1999



Source: [2].

37. In Mexico City, studies on drug abuse by students show that, as in many other countries, boys more than girls are experimenting with drugs. However, the number of girls abusing drugs is increasing, and they seem to prefer tranquillizers (3.8 per cent lifetime prevalence compared to 2.5 per cent for boys). The same studies show that from 1993 to 1997, the proportion of adolescents that used cocaine doubled and the abuse of cannabis increased from 3 to 5 per cent, while the abuse of inhalants remained stable, with a slight decrease among boys (from 4 to 3 per cent).

2. Central America

38. Overall prevalence rates in Central America are lower than in the rest of the Americas. However, there is a significant abuse of tranquillizers and high abuse of inhalants.

39. A 1998 national study carried out in Guatemala among adolescent students (12 to 18 years of age) reported lifetime prevalence of 3 per cent for cannabis, 2.4 per cent for stimulants, 2.2 per cent for cocaine and 1.9 per cent for inhalants. Tranquillizers were at 3.8 per cent. A 1999 study on drug abuse among Guatemala students (12 to 18 years of age) found last-year prevalence to be as follows: cocaine 0.4 per cent, cannabis 0.2 per cent and inhalants 0.2 per cent, with tranquillizers having a very high last-year prevalence rate of 3.7 per cent.

40. In Panama, two different studies were carried out in 1996 (National Youth Survey) and 1998 (survey among students on the Atlantic coast). Both studies reported high lifetime prevalence for tranquillizers (7 per cent and 4.8 per cent) and less so for inhalants (3 per cent and 1.8 per cent) and amphetamines (2 per cent and 0.9 per cent).

3. Caribbean

41. For the Caribbean, little data are available about drug abuse, in particular among children and youth. In the early 1990s, two studies in Jamaica and Barbados reported lifetime prevalence for the abuse of cannabis among youth to be about 17 per cent, while, in the Dominican Republic, it was reported to be 1.8 per cent in 1992. Cocaine and crack abuse is estimated to be increasing, but specific data for young people are not available.

4. South America

42. Cannabis, though at levels of abuse much lower than in Europe and North America, is the major illicit drug abused by young people in South America. After cannabis, cocaine and coca paste are the illicit drugs most commonly abused by children and young people. Inhalants, which are not under international control, are also widely abused in the region.

43. In Bolivia, drug abuse among students (12 to 21 years of age) increased during the 1990s. Lifetime abuse of cannabis was 2.6 per cent in 1993 and increased to 3.5 per cent in 1999. Similarly, lifetime abuse of other drugs also increased, namely, cocaine from 0.7 to 1.7 per cent, coca paste from 0.8 to 1.7 per cent, hallucinogens from 1 to 2.9 per cent and inhalants from 2.5 to 3.1 per cent.

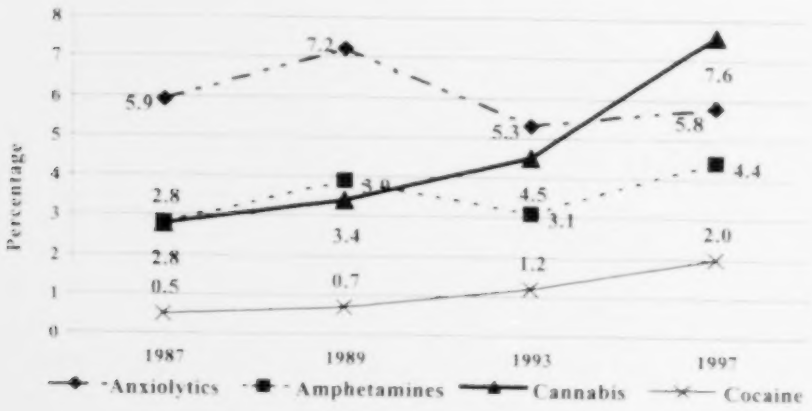
44. Two surveys of drug abuse among students aged 10 to 19 years were carried out in 1993 and 1997 in 10 major cities in Brazil (see figure III). The comparison between the two surveys shows a significant increase in the abuse of all drugs with the exception of inhalants. Among the major abused drugs, statistically significant increases are reported for cannabis, amphetamines and cocaine. Cannabis abuse at least once in a lifetime increased from 5 per cent in 1993 to 7.6 per cent in 1997. The other drugs registered similar increases but remained below the rate of cannabis, ranging from 5.8 per cent for sedatives to 1.2 per cent for barbiturates, with amphetamine and cocaine abuse prevalence being between the two extremes.

45. In Colombia, lifetime prevalence of cannabis among young people (12- to 24-year-olds) has been constantly increasing, according to national survey data, from 3.2 per cent in 1992 to 4.6 per cent in 1996, reaching 9.2 per cent in 1999. According to 1999 data, cannabis abuse is followed by cocaine (3.6 per cent), tranquillizers (2.4 per cent), and coca paste (2.1 per cent). Consumption of heroin, though still relatively low (0.8 per cent), is a new phenomenon that is considered to be particularly worrisome. The number of overdoses remains small, but patients are mainly between 13 and 26 years of age.

46. In Chile, the abuse of cannabis among students is particularly high (see figure IV). National surveys registered a constant increase in the abuse of cannabis from 1994 to 1998. In 1994 lifetime prevalence of cannabis abuse among those aged 12 to 18 was 9 per cent; in 1996, it reached 10.7 per cent and, in 1998, increased again to 11.1 per cent. Similar trends are registered for cocaine (1.3 per cent in 1998) and coca paste (1.6 per cent in 1998), but the percentages are well below those registered for cannabis. A 1995 school survey reported slightly higher rates for most drugs, but the major drugs of abuse remain cannabis, coca paste and cocaine. Heroin lifetime prevalence is 0.6 per cent

Figure III

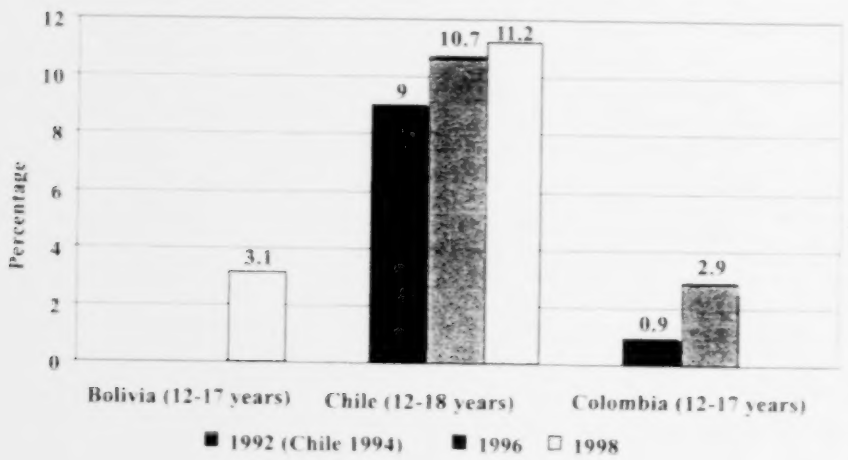
Lifetime prevalence rates of abuse of various drugs among students from 10 to 18 years of age in 10 state capital cities in Brazil



Source: *Boletim CEBRID*

Figure IV

Trends in lifetime prevalence rates of cannabis abuse among teenagers in Bolivia, Chile and Colombia



Sources: Latin American Scientific Research Centre (CELIN), Bolivia; National Council for the Control of Narcotic Drugs (CONACE), Chile; and the National Narcotics Directorate (DNE), Colombia.

47. Ecuador carried out its first national survey on drug abuse among students in 1998. Abuse of tranquillizers (6.6 per cent) recorded the highest lifetime prevalence, followed by cannabis (3.9 per cent), stimulants (3.6 per cent), coca paste (2.8 per cent), cocaine (2.4 per cent), inhalants (2.2 per cent), hallucinogens (1.9 per cent) and heroin (1.6 per cent).

48. In Peru, the National Survey on Drug Abuse shows a reduction in drug abuse during the period 1997-1999. Last-year prevalence for cannabis abuse is relatively low among the general population, but higher (1.8 per cent) in the age range of 17 to 19 years. Other drugs with significant prevalence are tranquillizers, coca paste, cocaine and inhalants.

49. In Venezuela, a 1996 school survey reported lifetime prevalence rates considerably lower than those of other countries in the region. Lifetime prevalence for cannabis was 1.8 per cent, followed by cocaine (1.3 per cent), coca paste (0.9 per cent) and heroin (0.6 per cent).

50. In Uruguay, a national survey carried out in 1998 reported high lifetime prevalence abuse rates for tranquillizers (7.2 per cent) among young people from 12 to 19 years of age. Lower lifetime prevalence rates were reported for cannabis (3.7 per cent) and cocaine (0.8 per cent).

C. Asia

51. Amphetamines remain one of the major drugs of abuse in many Asian countries and the abuse is growing, also among children and youth. A 1999 study carried out in Thailand among students from grade six to high school found that 12.4 per cent of them had experimented with drugs. Among those currently abusing drugs, 54.8 per cent abused methamphetamines, 20 per cent cannabis and 18.1 per cent volatile solvents. The estimated lifetime prevalence of methamphetamines abuse among Thai youth was 5.6 per cent in 1998. In the Philippines, a study carried out in the National Capital Region reported a 1999 lifetime prevalence of amphetamine abuse of 4.3 per cent among high-school students and 3.9 per cent among college students. In Japan, lifetime prevalence of methamphetamine abuse among young people was reported to be 0.5 per cent (1998).

52. A 1996 study of eight cities in seven provinces of China showed that over a half of heroin abusers are below 25 years of age. In addition, abuse of Ecstasy is reported to have been increasing sharply, especially among young people. The reported number of drug abusers increased by 40 per cent in the first quarter of 2000. Nearly half of them abused Ecstasy, compared with 25 per cent in the last quarter of 1999. In the Hong Kong Special Administrative Region of China, lifetime and last-month prevalence rates for various drugs among students increased during the 1990s. In 1996, 2.1 per cent of students had tried heroin, compared with 0.3 per cent in 1992, while 1.6 per cent had tried cannabis, compared with 0.8 per cent in 1992.

53. A school survey among students aged 12 to 21 years, carried out in 1999 in Vientiane, reported 4.8 per cent lifetime abuse for ATS, 4.7 per cent abuse of prescription drugs and 5.4 per cent abuse of solvents. In Cambodia, lifetime abuse

of any illicit drugs among students from 16 to 17 years of age was reported to be at 28 per cent (1997).

54. In Nepal, 1992 data collected in Kathmandu show high lifetime prevalence for cannabis (6.1 per cent) and heroin (2.5 per cent). Local studies in southern India (1993) also show a high prevalence of cannabis abuse (27 per cent) among students, but that information should be treated with caution, since it refers to a specific area of the country and cannot be considered representative of national patterns.

55. In central Asia, drug abuse is increasing and the number of young people involved appears to be significant. In Kyrgyzstan, in 1998, over 400 of the 5,000 registered addicts were teenagers. A study carried out in Almaty in 1998 reported an increase in the number of teenagers injecting drugs between 1995 and 1998. Currently 14 per cent of the injecting drug users are between 16 and 20 years of age. In Uzbekistan, a 1999 survey carried out in Tashkent of people between 14 and 30 years of age reported that 25.9 per cent of them had abused drugs once in their life. Among them, 78.5 per cent had abused heroin and 14 per cent cannabis.

D. Europe

1. Western Europe

56. Cannabis remains the most widely abused drug among schoolchildren in countries of the European Union (see figure V). The abuse of cannabis rose during the 1990s and stabilized at levels relatively higher than other substances. Solvent or inhalants abuse is also common in several countries. The rate of amphetamine abuse by schoolchildren at least once in their life is reported to be between 1 and 7 per cent, and the abuse of Ecstasy is between 2 and 8 per cent, while lifetime cocaine abuse is reported to be between 1 and 4 per cent. Solvents, amphetamines, Ecstasy and cocaine abuse also rose during the 1990s, but lifetime prevalence remains well below the levels reached by cannabis.

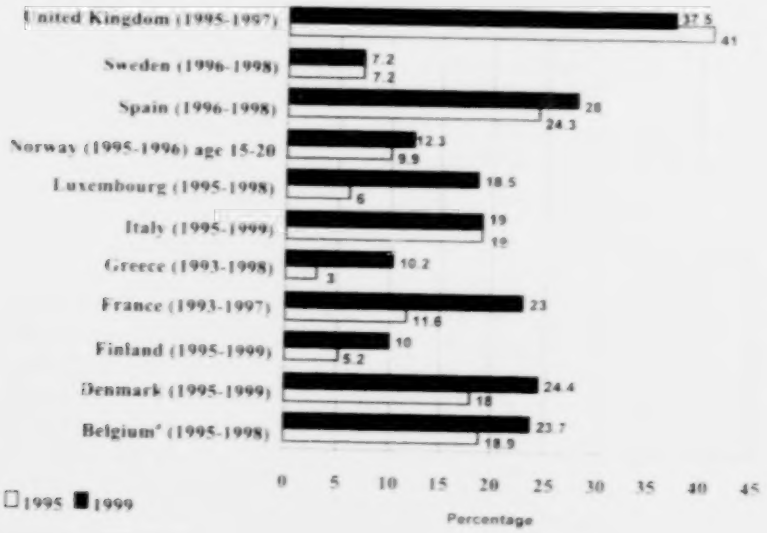
57. A comparison of the data collected among 15- to 16-year-old students in various countries in 1995 and 1999 (through the European School Survey Project on Alcohol and Drugs (ESPAD), initiated by the Pompidou Group within the framework of the Council of Europe and other sources) shows that cannabis abuse has stabilized in some countries (Italy and Sweden) and is even decreasing in countries with high prevalence. That is the case in the United Kingdom, where lifetime abuse of cannabis reached 41 per cent in 1995 and declined to 37.5 per cent in 1997.

58. A survey in the Netherlands also shows a slight decrease in the number of students aged 12 to 18 years who have used cannabis once in their life. During the period 1990 to 1996, overall drug abuse increased among students but, in 1998, the growing trend stabilized and even started to decline in some instances. In 1992, the prevalence rate for cannabis was 14.5 per cent. In 1996, it jumped to 20.8 per cent, and, for the first time in 16 years, the use of cannabis by students showed no further increase and remained at a lifetime rate of 19.5 per cent. However, it is also significant that from the middle to the end of the 1990s, in several countries, abuse of cannabis increased considerably. In France (from 11.6 to 23 per cent) and Luxembourg (from 6 to 18 per cent), the increase was more than 10 percentage points. In other countries and areas, such as the Flemish part of Belgium (from 18.9

to 23.7 per cent), Denmark (from 18 to 24.4 per cent), Finland (from 5.2 to 10 per cent), Greece (from 3 to 10.2 per cent), Norway (from 9.9 to 12.3 per cent) and Spain (from 24.3 to 28 per cent), the increase in percentage points was smaller. In the majority of the western European countries, lifetime prevalence for cannabis appears to be between 10 and 25 per cent.

Figure V

Lifetime prevalence rates of cannabis abuse among 15- and 16-year-olds in some States of western Europe, 1995-1999



Sources: annual reports questionnaires, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and the European School Survey Project on Alcohol and Drugs (ESPAD).

[a] Flemish part of Belgium.

59. The picture for Ecstasy is somewhat different. The comparison of the data from the surveys among 15- to 16-year-olds carried out in the middle and late 1990s shows that Ecstasy abuse has decreased from the peaks it reached in the mid-1990s. In the United Kingdom, Ecstasy lifetime abuse decreased from 8 to 3 per cent. In countries such as Germany (from 5.9 to 4.2 per cent), the Netherlands (from 5.6 to 3.8 per cent) and Spain (from 4.6 to 2.9 per cent), the decrease, also significant, was around two percentage points. In Italy, the lifetime prevalence rate remained stable at 4 per cent. A significant increase was reported in Denmark (from 0.5 to 3.1 per cent) while small increases were registered in the Flemish part of Belgium (from 5.5 to 6.2 per cent), Luxembourg (from 0.9 to 1.5 per cent), Norway (from 0.9 to 1.7 per cent) and Sweden (from 0.4 to 1 per cent). Overall, it seems that after years of increasing popularity, Ecstasy abuse is decreasing or stabilizing.

60. The trends described in western Europe seem to suggest that drug abuse patterns and trends are mixed. In countries where prevalence rates for cannabis and

Ecstasy have been relatively high, there are signs of stabilization and even decline. On the other hand, in countries where prevalence rates have been lower, there is an increase. It seems therefore that western European countries are gradually converging, through decreases or increases, towards relatively uniform levels of drug abuse.

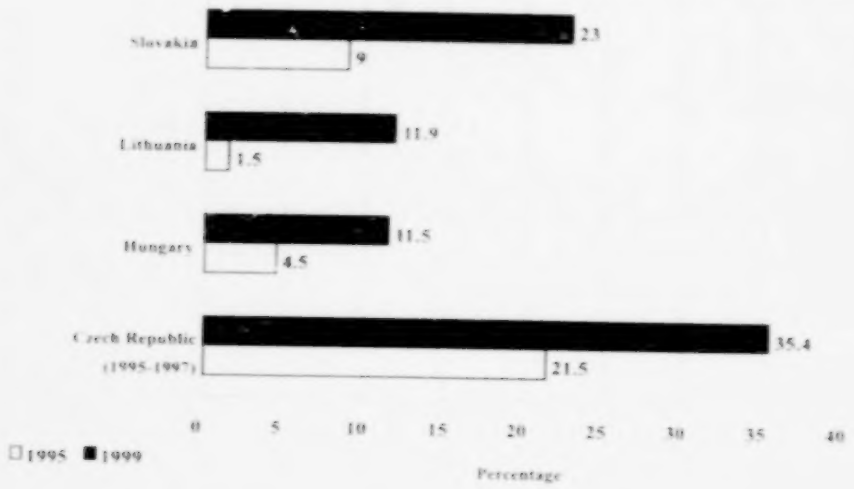
2. Central and eastern Europe

61. In central and eastern Europe lifetime prevalence rates, usually lower than in western Europe, increased dramatically during the 1990s and are rapidly approaching the levels of abuse of western Europe.

62. Surveys of schoolchildren show that lifetime prevalence of drug abuse among 15- to 16-year-olds increased significantly between 1994 and 1999 (see figure VI). Data from school surveys among 15- to 16-year-olds indicate that cannabis is the most abused drug in the region, and its abuse is increasing. In some countries, between 1995 and 1999, cannabis lifetime prevalence increased considerably. In the Czech Republic rates went up from 21.5 to 35.4 per cent. In Slovakia, lifetime prevalence was 9 per cent in 1995 and jumped to 23 per cent in 1999. In Hungary, the prevalence rate increased from 4.5 to 11.5 per cent and in Lithuania it rose from 1.5 to 11.9 per cent.

Figure VI

Lifetime prevalence rates of cannabis abuse among 15- and 16-year-olds in some States of Eastern Europe, 1995-1999



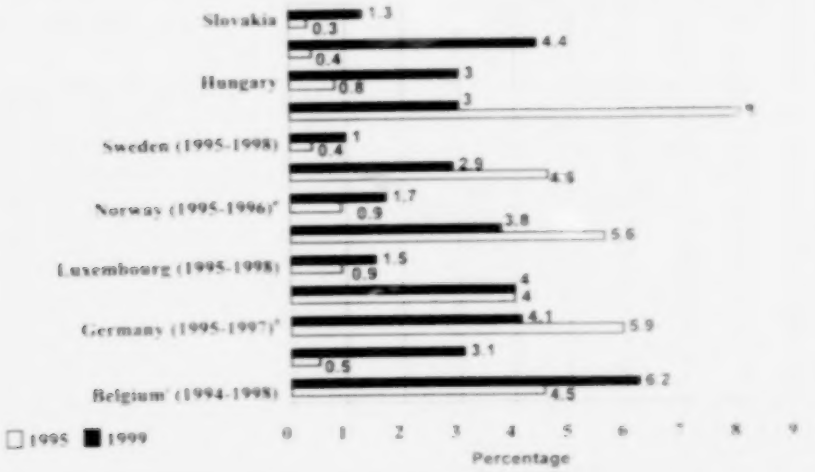
Sources: annual reports questionnaires, EMCDDA and ESPAD.

63. For three countries, it was possible to make a comparison of Ecstasy abuse (see figure VII). In Hungary, Ecstasy lifetime abuse increased from 0.8 per cent in

1995 to 3 per cent in 1999. In Lithuania, the increase was from 0.4 to 4 per cent and, in Slovakia, from 0.3 to 1.3 per cent.

Figure VII

Lifetime prevalence rates of Ecstasy abuse among 15- and 16-year-olds in some States of Europe, 1995-1999



Source: annual reports questionnaires, EMCCDA and ESPAD.

[a]Data for 15- to 20-year-olds.

[b]Data for 18- to 20-year-olds.

[c]Flemish part of Belgium.

64. Lithuania reported that the abuse of drugs (including heroin and cocaine) among young people has increased considerably in recent years. Hungary, in turn, reported increases in the demand for drugs (especially cannabis and amphetamines) among high-school students.

65. A study comparing data from 1994, 1997 and 1999 in the Czech Republic showed an increase in the number of school-aged children who abused drugs. Increases were registered for 6 out of 10 drugs monitored. They included barbiturates, pervitin (a methamphetamine) and heroin. Overall, the studies also reported an increase in the number of conflicts in the school due to drug abuse. Also, the ability to obtain drugs increased. The age level of first contact with drugs went down and the number of those who considered cannabis and solvents harmless increased. In 1999, 46.7 per cent of problematic drug users were between 15 and 19 years of age.

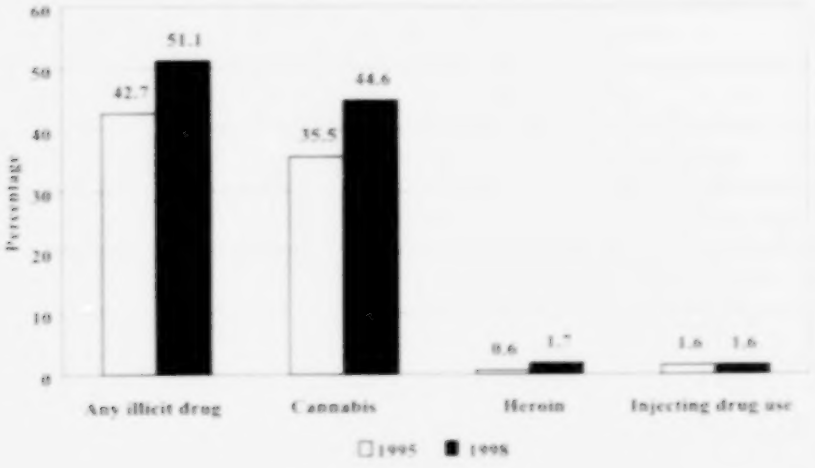
E. Oceania

66. Abuse of drugs in New Zealand during the 1990s increased considerably for all age groups. After alcohol and tobacco, cannabis is the most abused drug in the country. A comparative study of two surveys carried out in 1990 and 1998 shows that among people from 15 to 24 years of age, lifetime prevalence of cannabis increased from 44.8 per cent in 1990 to 47.4 per cent in 1998, respectively.

67. In Australia, national household surveys show that the abuse of any illicit drugs by people from 14 to 19 years of age increased between 1995 and 1998 (see figure VIII). In 1995, 42.7 per cent abused any illicit drugs in their lifetime, compared with over a half (51.1 per cent) in 1998. Similar increases were registered for cannabis, which remains the most abused drug among Australian youth (from 35.5 per cent in 1995 to 44.6 per cent in 1998) and for heroin (from 0.6 per cent in 1995 to 1.7 per cent in 1998).

Figure VIII

Lifetime prevalence rates of abuse of various drugs among 14- to 19-year-olds in Australia, 1995-1998



Sources: National drug strategy household surveys, Australia.

IV. Emerging issues

68. An analysis of the above-mentioned data on prevalence of drug abuse among children and youth points to the emergence of a series of issues that will need to be further explored. Those issues are briefly outlined below.

A. Cultural trends and drug abuse: towards a normalization or social acceptance of drug abuse?

69. One of the issues to consider is that of the widespread experimentation by many children and young people with various illicit drugs. High prevalence figures for cannabis abuse among youth in some parts of the world suggest an acceptance of the role of cannabis in the lives and experiences of a significant number of young people. Even though Ecstasy abuse is showing signs of decline and stabilization in some countries of western Europe, the growing popularity of drugs such as amphetamine, Ecstasy, methamphetamines and other ATS in eastern Europe, North America and certain countries in east and south-east Asia is a matter of particular concern.

70. In several countries, in particular developed countries, the abuse of certain drugs may no longer be confined to a small number of marginalized young people, but is becoming part and parcel of the life of the mainstream youth subculture. For example, drug abuse may be celebrated in the lyrics of popular songs, in the behaviour of certain entertainment artists, in the cinema and in advertisements aimed at young people. While it would be wrong to overstate the point, it is of concern that some young people appear to have become more tolerant towards experimentation with drugs. In addition, evidence exists to suggest that some patterns of drug use are sometimes portrayed as being associated with successful, fashionable and affluent lifestyles. As such their attractiveness to young people is increased. It is important, therefore, for prevention programmes to promote positive role models and encourage the adoption of healthy lifestyles.

71. Children and young people in many countries are being confronted with rapid social and technological change and a more competitive society, where the drive to succeed is high and personal self-fulfilment is emphasized. Moreover, a weakening of traditional values and family ties and increased needs for higher levels of stimulation are being experienced.

72. Available data show that in many countries a significant minority of young people experiment with illicit drugs, then give them up spontaneously when a particular stage of maturity has been reached, without any apparent permanent damage being done. However, the evidence suggests that even experimental use can be harmful. That may be especially true for children and adolescents who are in the process of physically and mentally developing. Drug abuse may also interfere with schooling and social development. Thus, drug prevention initiatives need to target experimental as well as sustained patterns of drug consumption.

B. Vulnerability of specific groups

73. Apart from the abuse of drugs among mainstream youth, evidence exists that strongly suggests that certain factors make some young people particularly vulnerable to chronic and long-term problems.

74. Some populations that might be considered particularly at risk include: displaced children, children and youth in institutional care, child soldiers, the sexually abused and exploited, those in contact with the criminal justice system, those excluded from school and those socially marginalized or excluded. Drug

abuse may be seen as functional for some of those groups (for example, to keep awake for work, to get to sleep, to reduce physical and emotional pain, to overcome fear or to alleviate hunger).

75. There are a number of factors that are common to all the groups of vulnerable young people, most notably the fact that they are surrounded by rapid social, economic and cultural change and that they frequently lack adequate family and community care and support. Not only do they often have increased needs but, at the same time, they are usually also less likely to be reached by existing services, programmes and channels of communication.

76. In addition to and in connection with drug abuse, there are other risk factors that need to be considered, for example, the increase of HIV infection that is concentrated in developing countries and among children and young people, and also vulnerability to sexual exploitation and sexual risk behaviour as a result of drug abuse.

77. Another aspect of vulnerability is the recruitment and use of children under 18 years of age as soldiers. Large numbers of children are recruited and trained by various militias and military forces involved in the many ongoing conflicts in the world. More than 300,000 children under the age of 18 are currently being used in armed conflicts in more than 30 countries around the world by government armed forces and armed opposition groups alike.

78. Susceptible to drugs and indoctrination, many of those children become dispassionate killers, committing atrocities in the name of causes that they are too young to understand. Often drawn from socially and economically disadvantaged groups, deprived of education and disowned by their families, the young soldiers are caught in a trap common to other forms of child labour and exploitation. In many cases the children are not older than 14 years, and many of them are reported to be under the influence of drugs and alcohol. Drugs are often easily obtained, since many militias may finance their operations through drug trafficking in addition to other activities.

79. There is also evidence to suggest that the number of children and young people living in vulnerable situations is growing. This is particularly true for urban areas of developing countries, where street life in all its aspects, including drug abuse and drug trafficking, is becoming the norm for a growing number of children and young people.

80. Programmers and service providers face a continuing challenge to meet the health and development needs of the above-mentioned groups, and to prevent the problems associated with their vulnerability. It remains a major challenge for Governments, intergovernmental organizations, non-governmental organizations and other sectors of civil society to reach out to children, to identify and implement effective strategies and to mobilize sufficient resources to ensure the basic rights of young people. In that context, it is essential to work with volunteers, youth workers and street workers who are in contact with young people and able to reach them, and also to provide those workers with appropriate tools and training to enable them to convey effective drug abuse preventive education to children at risk.

C. Accessibility to counselling and treatment services for young people

81. Related to the marginalization of young people is the issue of access to services for drug abuse counselling and treatment. In general, children and young people rarely visit existing health services. That is also true for services related to drug abuse counselling and treatment. One of the reasons is the fact that health services in general, and treatment and counselling services in particular, are designed for adults or hard-core drug users. They are not tailored to the needs of young people who often are in the phase of early abuse of drugs and do not consider themselves addicts.

82. There is therefore a need to provide children- and youth-friendly health and counselling services that respond to their specific physical and psychosocial needs, with particular attention to the abuse of illicit drugs and other psychoactive substances such as inhalants, alcohol and tobacco.

V. Actions undertaken by Member States

83. The responses of various States to the situation described above differ widely and do not always target the specific needs of young people. The main sources of information for the preparation of the present section have been the replies to the questionnaire for reporting on the action plans and measures adopted by the General Assembly at its twentieth special session received in the year 2000 by the Secretariat. Additionally, replies to part two, section 2, of the annual reports questionnaire from 1993 to 1999 were considered. The replies, however, usually indicate only whether certain activities exist and do not always provide information on the quality or impact of those activities.

84. Responding about prevention interventions, most States indicated the existence of information and education about drugs and drug abuse in schools. In most cases, that translated into extensive activities taking place at the various levels of the educational system, while, in other cases, activities appear to be isolated and sporadic. The reported activities differ widely, ranging from an annual symposium on drug abuse for secondary schoolchildren to comprehensive programmes combining different approaches, including peer-led interventions and cooperation with other sectors of society (parents, police, sports clubs and in the workplace). The majority of activities are concentrated in secondary schools, and to a lesser extent in primary schools, and they tend to taper off at the higher levels of education.

85. Regarding the provision of alternatives to drug abuse, in various countries youth groups and organizations, sport, leisure-time and other activities, mostly taking place at local level, are often quoted as examples.

86. Treatment and rehabilitation interventions especially dedicated to children and young people are not commonly reported. Treatment and rehabilitation services are mostly tailored to the needs of adults.

87. Nevertheless, children and young people are often mentioned among the specific at-risk populations for which special programmes have been developed.

This at-risk population is described as including young offenders, indigenous youth, children of drug-using parents, street children, disco enthusiasts and other categories that are at risk for various reasons. However, according to the available information, greater prominence is given to activities for children and youth in general, rather than to specific groups at risk.

VI. Policy and strategies: a healthy start for children and youth in the new millennium

88. As described above, overall drug use among youth in many countries is high. In addition, there is some tendency towards presenting some drugs as less harmful than they actually are. However, where consistent and sustained preventive interventions have been undertaken, positive results are gradually emerging. The signs of stabilization and even decrease in patterns of abuse reported from the United States and western Europe are a clear indication that comprehensive prevention strategies targeted at young people can and do work. But it is necessary to invest sufficient resources, to be prepared to wait for some time to elapse before results become visible, and to use tested and validated principles and approaches in the design and implementation of prevention strategies and programmes.

89. The patterns and trends of drug abuse among children and young people in various regions seem to reflect important differences, but also some commonalities. While the preferences for drugs may vary, there are some common trends that appear to be driven by a youth culture that is becoming more and more global. International cooperation in the domain of prevention is therefore fundamental. It is important that States exchange experiences on the successes and failures of various prevention approaches, and that such knowledge is available. To that end, a series of principles that have demonstrated a certain degree of effectiveness in reducing drug abuse among children and youth are set forth below.

90. No single approach or strategy has proven to be consistently effective in reducing drug abuse among young people. The evaluation of various programmes does not allow the identification of a recipe to be followed in all countries and contexts. There are too many factors influencing drug abuse and it is difficult to isolate them from one another. However, there is some consensus among experts, practitioners and youth themselves on what kinds of factors need to be taken into consideration when designing prevention programmes for youth.

A. Multiple approach

91. No single programme or approach can make the difference. Drug abuse is caused by a complex series of factors and to address such abuse effectively it is necessary to use a wide range of interventions. Each individual programme should be part of a broader approach and interventions should be designed to complement one another.

92. Effective drug abuse prevention programmes rarely use one prevention strategy exclusively. In general, the lessons learned and the experience of several

decades of drug abuse prevention suggest that three general elements should be included in prevention programmes:

(a) Addressing the values, perceptions, expectations and beliefs that young people associate with drugs and drug abuse;

(b) Developing life skills and social competencies to increase the capacity to make informed and healthy choices;

(c) Creating an environment where children and young people have the possibility to be involved in healthy activities and where substance abuse is not promoted by peers, family, the media and other influential actors in the community.

Programmes involving a multiple approach typically contain a range of prevention approaches and strategies that may include one or more of the following:

(a) Enhancement of protective factors and an attempt towards reversing or reducing known risk factors;

(b) Information on all forms of abuse of substances, including alcohol, inhalants and tobacco, as well as factual information about drugs, drug abuse etc.;

(c) Life-skills training, including training in resistance skills and development of social and personal skills and social competence (in communication, peer relationships, assertiveness etc.), including also exercises to increase self-perception and confidence;

(d) Interactive teaching methods that involve young people in the drug education programmes;

(e) Alternatives to drug abuse, such as sports, dance, theatre and spiritual and cultural enhancement;

(f) Family development, including parent training and advocacy;

(g) Peer education and peer group counselling;

(h) Advertisements and media messages on substance abuse prevention that are not based on scare tactics, but that focus on positive alternatives to drug abuse.

B. Drug prevention education at an early age

93. Recent information on drug abuse among children and youth suggests the need to begin substance abuse preventive education early in life and to continue such education with developmentally appropriate interventions. Research has established that the younger the age of first use of illicit drugs, the higher the severity of the drug problem later. The age of first experience with drugs has been falling in many regions of the world. Delaying drug use might be useful even if entirely preventing the abuse of drugs may be difficult to achieve. Therefore, it seems important for the success of prevention programmes that drug abuse preventive education should start in primary school. There is growing evidence that preventive education needs to be delivered at a time when it is more likely to influence attitudes and behaviour. Obviously, drug education entails not only information and knowledge about drugs, but also developing skills to identify feelings and be able to communicate those feelings to others. Success with such a strategy, as well as with other strategies,

depends also on targeting all forms of drug abuse, including alcohol and tobacco. Drug education needs to continue into secondary school and be sustained over a long period of time to be effective, because the impacts of the education, if not sustained, can fade quickly over time.

C. Participation and peer approaches

94. Young people are in many situations considered to be a target population and a problem, instead of also being a resource in the prevention of drug abuse. Raising the awareness of young people by providing them with essential, accurate and credible information is the first step to mobilize their interest. Their active participation can make a difference in drug abuse prevention. Furthermore, it is essential that their voices are heard in the attempt to raise awareness among policy makers and the public at large and that suggestions from young people on actions to be undertaken are seriously considered. Youth should be involved in all stages of the development of prevention programmes. There are also strong indications that involving young people as prevention agents in peer-led initiatives can produce good results.

95. Peer education is a relatively new innovation in the teaching methodology and in the prevention of drug abuse. Research on various programmes points to the fact that peer-based approaches are useful in preventing and reducing the negative health consequences of drug abuse. Young people are more likely to listen to and take the advice of someone with a similar experience than a teacher or a social worker. However, peer-based interventions should be planned carefully. It is important to target the intervention and to ensure that peer educators are carefully selected. Being young does not qualify one to be an effective peer educator.

96. The principle of peer education is that the message, which otherwise might not be heeded, is more credible because it comes from someone who has some things in common with the targeted youth. In addition, peer educators need to be not only provided with information and knowledge, but also equipped with teaching and other skills.

D. Life skills

97. A review of evaluations of primary and secondary school experiences in various countries suggests that prevention approaches based on life skills are the most effective approaches. Life skills are considered to be abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Education in life skills applied to drug abuse prevention is supposed to facilitate the practice and reinforcement of psychosocial skills, thereby contributing to the promotion of personal and social development and the prevention of health and social problems, especially as related to drug abuse.

98. Life skills that are important to promote the health and well-being of children and young people include: self-awareness, empathy, communication skills, interpersonal skills, decision-making skills, problem-solving skills, creative thinking, critical thinking, coping with emotions and coping with stress. In drug abuse prevention, that means imparting skills in drug resistance and critical

thinking, social competence and the communication skills needed to explain and reinforce personal anti-drug commitments.

99. Life skills are usually best taught in an interactive manner that allows for the communication of new knowledge, the acquisition of new skills and the practice and the application thereof.

E. Parents and community involvement

100. Prevention programmes should be integrated into the institutions and organizations that are closest to children and young people and also to their families. The family and the community at large should be involved in order to reinforce the information that is communicated to young people in the context of prevention activities. Projects should seek to involve parents and communities, since the programmes involving parents in school drug education appear to be more effective. Parental involvement can be a route to and one aspect of wider community reinforcement of the drug education effort.

F. Targeted approaches

101. Not all young people are the same and they are not all equally vulnerable. Strategies should therefore be carefully tailored to clearly defined target groups. Programmes should be age- and gender-specific, developmentally appropriate and culturally sensitive. That means that counselling and treatment services should be child- and youth-friendly. Government agencies, non-governmental organizations and youth workers should be flexible enough to reach young people where they are and engage them in a constructive dialogue about their choices and options with respect to substance abuse. That means bringing drug abuse prevention to the streets, into the discos, to rave parties and wherever else it is necessary to go in order to convey effective prevention messages.

G. Long-term and intensive investments

102. Finally, substance abuse behaviours usually change very slowly. Prevention programmes therefore need to be sustained over a long period of time to be effective. Several studies have monitored the attitudes of young people towards drugs, the perception of risk and harm associated with specific drugs and patterns of abuse. For example, some studies suggest that a change in the perception of risk and harm associated with a particular drug takes three years to translate into an increase or decrease in the abuse of that drug. The perception of drugs by a child or a young person changes considerably over time. Various circumstances can positively or negatively influence the chances of success of prevention programmes that may appear to have been successful in some instances. Drug abuse prevention is a continuing process that needs to be reinforced at different stages in the development of children and adolescents, in particular at critical points of transition in life.

VII. The way forward

103. As already discussed, the past decades have been characterized by varying trends in drug abuse among children and young people. In many instances, the abuse of drugs has more or less increased. At the same time, there are indications that prevention efforts work if they are implemented according to key principles based on the validated experiences that are available. While many programmes around the world are certainly implementing innovative and effective preventive activities, they are mostly isolated efforts and few countries can benefit from such experiences. If examples of effective programmes could be documented, analysed and disseminated (so-called good practice), it would be of enormous benefit to all those involved in reducing the overall demand for drugs among young people, including not only young people themselves and programmes targeting them, but also Member States and international organizations. The past decade, which coincided with the United Nations Decade against Drug Abuse, culminated in the twentieth special session of the General Assembly. The past decade was also marked by the adoption of the Convention on the Rights of the Child and the Plan of Action adopted at the World Summit for Children in 1990. The goals thus established have yet to be fully achieved and need to be put into perspective. The commitments made by the international community during the past decade need to be renewed and the opportunities and challenges confronted in order to make a difference in the life of children and young people in the new millennium.

Notes

[1] European Monitoring Centre for Drugs and Drug Addiction, *Annual Report on the State of the Drugs Problem in the European Union 2000* (Lisbon, 2000).

[2] Institute for Social Research, *Monitoring the Future Study, 1999* (Ann Arbor, Michigan, 2000).

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Illicit drug traffic and supply: world situation with regard to drug trafficking and reports of subsidiary bodies of the Commission

World situation with regard to illicit drug trafficking and reports of subsidiary bodies of the Commission on Narcotic Drugs

Report of the Secretariat

Summary

The present report provides an overview of global trends and patterns in illicit drug production and trafficking and of the action taken by the subsidiary bodies of the Commission on Narcotic Drugs in 2000.

The global supply of heroin declined in 2000, mainly because of the decline in opium production in Afghanistan. The country was also responsible for the production peak in 1999, though statistics for that year indicated that the overproduction was not passed on to western Europe, the main consumer region, where prices and seizures of heroin were stable in many countries. Enormous seizure increases were, however, noted in countries surrounding Afghanistan. In east and south-east Asia, China has emerged as an important conduit for opiate trafficking.

It is estimated that cocaine production continues at more or less stable levels, with Bolivia and Peru indicating further decreases (though the decreases are assumed to be rather minimal in Peru in 2000), while estimates for Colombia reflect further increases. In 1999, seizures of cocaine were rising in both major consumer regions, the United States of America and western Europe.

Production and trafficking of amphetamine-type stimulants, mainly methamphetamine, are rising rapidly in east and south-east Asia. In North America, the trafficking of methamphetamine is continuing but the main concern is currently related to Ecstasy-type substances, imported in large quantities from western Europe. Trafficking in amphetamine-type stimulants within western Europe seems to have stabilized.

* E/CN.7/2001/1.

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I. Introduction

1. The present report provides an overview of the latest trends in illicit drug production and trafficking at the global and regional levels, and summarizes information received from Governments in the annual reports questionnaires. The statistics and analyses are presented by drug type and include information on the latest trends in illicit cultivation, production and trafficking in opiates and coca; global opiate and coca interception rates and availability of potential heroin and cocaine to the world markets; a brief overview of the latest cannabis trafficking trends; and a summary of illicit manufacturing and trafficking trends of amphetamine-type stimulants (mainly amphetamine, methamphetamine and Ecstasy-type substances).

2. The primary source of information used for the statistics and analyses presented in this document is the annual reports questionnaire, part III (illicit traffic), submitted by Governments to the United Nations International Drug Control Programme (UNDCP). Particular focus is given to annual reports questionnaires for 1999, as received by 7 December 2000. A total of 108 questionnaires were received by that date. A similar number was received in previous years, however, the number is slightly lower than last year. For the analysis of trends, annual reports questionnaires for previous years were used as the main source of data.

3. In addition, some information included in the present report has been drawn from reports on individual significant seizure cases, which have been furnished by some Governments to UNDCP. Finally, other governmental reports received by UNDCP or submitted to the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East or Meetings of the Heads of National Drug Law Enforcement Agencies (HONLEAs) have been used as a source of information.

4. In the absence of annual reports questionnaires or in cases where insufficient information was received, the following sources were used to supplement data gaps: the International Criminal Police Organization (ICPO-Interpol), the Customs Cooperation Council (known as the World Customs Organization), the International Narcotics Control Board and the Inter-American Drug Abuse Control Commission.

5. Despite increased information received from Governments, it remains difficult to provide detailed analyses, owing to the inherent difficulties in a number of indicators used to measure drug production and trafficking. With regard to cultivation and production of plant-based drugs, data are mostly based on estimates, as no exact information is available.

6. As for trafficking trends, seizures of drugs are used as the most important indicator. Seizures are, however, indirect rather than direct indicators and measure not only trafficking trends, but also the level and effectiveness of law enforcement capacities in each country. Nevertheless, the congruence of trends in production and seizures in the cases of both opiates and coca (for example, see figure 8) supports their statistical worth.

7. Finally, statistics on detection of clandestine laboratories, which are used to measure manufacturing activities, also have limitations. Statistics on the number and type of laboratories detected per country provide information on the location of manufacturing activities and types of drugs produced, but do not provide any indication regarding the volume of drug production, as the capacity often remains unknown. Nevertheless, drug seizures made in the context of detection of clandestine laboratories represent a useful tool for the early identification of trends with regard to the exact type of drugs produced, the precursors used and the synthesis methods applied. (By comparison, drug seizures at the street level, for example, often do not provide exact information concerning the type of drug seized. This is particularly common in the case of synthetic drugs; for example, in the differentiation between different amphetamine-type stimulants.)

II. Summary of worldwide trends in illicit traffic

Opiates

8. Global production of opium has declined from more than 5,700 tons in 1999 to an estimated 4,700 tons in 2000. This trend is due mainly to a decrease in production in Afghanistan, which now accounts for about 69 per cent of the global production, as compared with 79 per cent in 1999. Opium production in Myanmar accounted for 23 per cent of

the global production level in 2000. Other countries in Asia together continue to account for less than 5 per cent and Latin America for about 3 per cent.

9. In 1999, the potential heroin production was more than 570 tons and the total amount of opiates seized amounted to almost 85 tons (in heroin equivalent), an interception rate of 15 per cent. Thus, the potential availability of heroin to the world market in 1999 was estimated at almost 500 tons. By comparison, the potential heroin availability in 1998 was about 360 tons. Less than 400 tons of potential heroin are assumed to have also been available in 2000 (taking an average opiate seizure level).

10. Heroin and opium seizures increased at the global level in 1999, along with the rise in opium production during that year. Seizures of opium amounted to 240 tons in 1999, the second highest level ever recorded and a 36 per cent increase over 1998. More than 80 per cent of the global opium seizure volume continues to be recorded in the Islamic Republic of Iran, the remainder being seized in other countries within the producer regions. Global heroin seizures reached an unprecedented level of over 35 tons in 1999. Seizures have been steadily rising over the last two decades, mirroring the increasing trend in opium production over that period. South-west Asia and western Europe continue to record the bulk of heroin interceptions, both subregions accounting for about 30 per cent of the global seizure volume in 1999. The east and south-east Asian subregion accounted for about 20 per cent and central Asia, eastern Europe, south Asia and North America for less than 5 per cent each.

11. The increase in heroin seizures occurred mainly in south-west Asia, in particular in the Islamic Republic of Iran and other countries surrounding Afghanistan. Heroin seizures as well as prices were, however, relatively stable in western Europe in 1999, an indication that the 1999 opium production peak in Afghanistan was not passed on to its major consumer region during that year.

12. In addition to south-west Asia, opiate seizures also increased in central Asia and the Russian Federation. Turkmenistan and Uzbekistan reported relatively large opium seizures in 1999 and Tajikistan recorded a large increase in heroin interceptions in 1999 and 2000, with seizure levels now being above those of many western European countries and the United States of America.

13. Seizures statistics indicate that opiates produced in Afghanistan and destined for Europe are increasingly trafficked along the western and northern routes, crossing the Islamic Republic of Iran and central Asian republics. Turkey continues to be used as a transit country and for conversion of morphine into heroin hydrochloride, but increased quantities of heroin (of possibly lower quality) are now directed northwards of Afghanistan, partly via the Islamic Republic of Iran. Increases have been less significant along the southern route via Pakistan, which continues to be used as a trans-shipment point for heroin trafficking to Europe and North America, often via countries in Africa or the Near and Middle East.

14. Heroin seizures decreased in south-east Asia in 1999, presumably owing to a decline in opium production in the region during that year (mainly in Myanmar). China emerged as an important conduit for heroin trafficking, with heroin seizures accounting for 80 per cent of the total volume seized in east and south-east Asia in recent years. In 1999, along with the decline in opium production in the region, heroin seizures in China reflected a decline from the very high 1998 peak.

15. Heroin seizures in the United States declined slightly for the first time in many years.

Coca

16. Global illicit coca production appears to have been more or less stable in 2000 compared to previous years, with an estimated 800 tons of potential cocaine produced. Throughout the 1990s, potential annual cocaine manufacture is assessed to have fluctuated between roughly 800 and 900 tons globally. The stabilization is a result of decreasing trends in Peru and Bolivia in recent years, which have been offset by increases in Colombia. Estimates indicate that in 2000 75 per cent of the cocaine available worldwide originated from Colombia, while Peru accounted for 21 per cent and Bolivia 4 per cent.

17. In 2000, Peru noted a slight decrease in the total area under coca cultivation, which covered an estimated 37,200 hectares, down from the level of approximately 38,700 hectares in 1999. This represents a 70 per cent decrease in comparison with the early

1990s. Illicit coca cultivation in Bolivia has also declined over recent years and is assumed to have decreased by another 50 per cent in 2000, now covering an estimated area of 5,000 hectares. Colombia reported an increase from a total of 45,000 hectares in 1995 to over 100,000 hectares in 1999.

18. With an estimated total of roughly 800 tons of potential cocaine produced in 1999 and a total of about 360 tons of cocaine seized worldwide during that year, the potential availability of the drug for global consumer markets would be estimated at 440 tons. The estimated interception rate of 45 per cent may be unrealistically high, however, as some estimates put global cocaine consumption at 500 or even above 600 tons, indicating that the level of global coca production may be higher than currently estimated.

19. Global seizures of cocaine increased significantly in 1998, after a more or less stable period during previous years. In 1999, seizures declined slightly from the 1998 peak but remained above the level of previous years. Interceptions in the Americas account for about 90 per cent of the cocaine seizures worldwide, the remainder being seized in western Europe.

20. The United States continues to record the largest cocaine seizure volume. Interceptions, which had appeared to level off in the early 1990s to between 120 and 130 tons, have shown a slightly increasing trend in recent years, reaching more than 132 tons in 1999.

21. The large cocaine seizure volume at the global level in 1998 and, to a lesser extent, in 1999 was also related to Colombia, where interceptions rose from an average level of 50 tons between 1990 and 1997 to over 100 tons in 1998 and 64 tons in 1999. In 1999, the country also reported a large seizure of liquid cocaine. Colombia and the United States together account for more than 50 per cent of the global seizure volume.

22. Cocaine seizures in all other countries are at a much lower level. Trends in Bolivia continue to reflect a decrease, while those in Peru have risen again over the last three years. This may confirm recent information received with respect to reactivation of some abandoned cultivation areas in Peru. Significant increases in cocaine seizure were noted in Ecuador and Venezuela in 1999, both of which border Colombia. Cocaine interceptions decreased in Central America, as well as the Caribbean, in 1999, while seizures in western Europe increased, reaching 42 tons in 1999, the highest level ever recorded.

Cannabis

23. Global cannabis herb seizures increased significantly in 1999, reaching almost 4,000 tons, an increase of 35 per cent over 1998 and 46 per cent over the average level recorded during the 1990s. Increases were mainly related to the traditional producer and consumer areas in the Americas, which account for 80 per cent of the global seizure volume. Both Mexico and the United States, which regularly account for the highest seizure volumes, reached seizure records in 1999. Changes in cannabis herb seizures in other regions were less significant, with Africa accounting for more than 10 per cent of cannabis herb seized worldwide and Europe and Asia for about 5 per cent each.

24. Seizure statistics of cannabis resin in 1999 reflected no major changes in relation to recent years, globally or at the country level. Global seizures amounted to almost 900 tons. The drug continues to originate mainly in Morocco and countries in south-west Asia, particularly Pakistan. The main consumer market remains western Europe, which accounts for about 77 per cent of the global seizure volume. South-west Asia accounts for less than 15 per cent and north Africa for 7 per cent.

Amphetamine-type stimulants

25. The manufacture, trafficking and abuse of methamphetamine continues to be of great concern in North America. Statistics on laboratory detections as well as seizures have indicated rapidly rising trends since the mid-1990s. While all supply indicators continued to reflect rising trends in 1999, statistics on consumption of methamphetamine in the United States showed a levelling off recently.

26. The main concern with regard to amphetamine-type stimulants in North America is currently related to the trafficking and abuse of Ecstasy-type substances, which are imported in large quantities from western Europe.

27. Western Europe remains the primary source of amphetamine and Ecstasy-type substances. Amphetamine is manufactured, trafficked and consumed within the region, though eastern Europe has emerged

as an additional manufacturing zone in recent years. However, stimulant seizure statistics in Europe, for the first time, reflected a decrease in 1999. The production of Ecstasy-type substances remains more or less concentrated in western Europe. From there, it is trafficked worldwide, in particular to North America. Ecstasy remains more exposed to international trafficking than other amphetamine-type stimulants.

28. The second region where methamphetamine is produced, trafficked and consumed in large quantities remains east and south-east Asia, and the drug is rapidly becoming available throughout the region. Many countries reported increases in laboratory detections and seizure statistics in 1999. An enormous seizure volume of methamphetamine was reported by China, though no further information is available. The total of 16 tons recorded in China in 1999 is higher than the global seizure volume of stimulants (including amphetamine, methamphetamine and other stimulants) in previous years and would account for 50 per cent of the global seizure volume in 1999.

29. Western Europe and east and south-east Asia have each accounted for approximately 40 per cent of the global stimulant seizure volume in recent years, and North America for almost 20 per cent. This breakdown differed, however, in 1999, owing to the large seizure volume in China.

III. Illicit opium production in 2000 and potential availability of heroin to the world market

30. The information on cultivation and production of plant-based drugs given in the present document is based on estimates. Data presented for 2000 are preliminary. The purpose of presenting such estimates, which include a certain margin of error, is to provide an indication of current trends in drug production and availability of drugs to consumer markets.

31. Illicit world production of opium has declined from the 1999 peak of more than 5,700 tons to an estimated 4,700 tons in 2000 (see figure 3). This trend is due mainly to a decrease in production in Afghanistan, which now accounts for about 69 per cent of global production, as compared to its 79 per cent share in 1999. Opium produced in Myanmar accounted for 23 per cent of global production in 2000. Other countries in Asia together continue to account for less than 5 per cent and Latin America for about 3 per cent (see figures 1 and 2).

32. The area under poppy cultivation in Afghanistan declined slightly in 2000, but another important factor in the decrease in opium production was the drought during that year. The results from the UNDCP survey in Afghanistan[1] reflected a 10 per cent reduction in the area under cultivation, which declined from 90,583 hectares in 1999 to 82,171 hectares in 2000. Opium production decreased from 4,565 tons to 3,276 tons, a 28 per cent reduction (see figure 6).

33. The average farm-gate price for fresh opium in Afghanistan appears to have fallen in 2000, presumably as a result of the overproduction in the previous year. The value of opium at farm-gate prices in Afghanistan for the entire production in 2000 was estimated at about US$ 90 million, while the value for 1999 was calculated at roughly $180 million.[2]

34. Opium production in south-east Asia has declined in recent years, but may have increased again slightly in 2000 (see figure 5), a trend mainly relating to Myanmar. Estimates on the cultivation of opium poppy in Myanmar reflect a 20 per cent increase in 2000, following a decreasing trend during the previous two years. Myanmar accounts for less than one quarter of the global opium production in 2000, its share in 1999 being 15 per cent.

35. Illicit opium production in other producer countries in Asia remains limited. Lao People's Democratic Republic, Pakistan, Thailand and Viet Nam together continue to account for less than 5 per cent of global production, and trends indicate further reductions. The recent survey on poppy cultivation in Lao People's Democratic Republic indicated a reduction of the cultivation area from 26,800 hectares in 1998 to 19,000 hectares in 2000. However, production increased slightly because yields, which were particularly low in 1998 because of droughts, have returned to normal levels.[3] Opium poppy cultivation in Thailand declined during the 1990s, ranging between 170 and 770 hectares. For 2000, cultivation of a total of 330 hectares was reported.[4] In Pakistan, the 1999 opium poppy survey reflected a significant decrease. The area under poppy cultivation declined from an average of 900 hectares between 1996 and 1998 to 250 hectares in 1999.[5] Though data for 2000 are not yet available from Pakistan, current

trends indicate further declines. Latest data are also lacking from Viet Nam, but cultivation there has been reduced to a minimum in recent years. Finally, the worrying prediction of recent years in respect of the possible spread of poppy cultivation to central Asia has not materialized, as revealed in a survey carried out in Kazakhstan, Kyrgyzstan and Tajikistan in 1999.[6] The region is, however, extensively used as a trafficking zone for opiates (see sect. IV below).

36. In Latin America, opium production continues to take place in Colombia and Mexico. In the annual reports questionnaire for 1999, Colombia reported a total of 6,500 hectares under poppy cultivation. No exact data are available from Mexico. Unlike in many producer countries in Asia, some of which have a large opium consumer population, almost all opium produced in Latin America is converted into heroin and destined for export. Colombia reported heroin as the resulting product of the entire poppy cultivation, of which 99 per cent is destined for export. Finally, Peru reported the cultivation of opium poppy in the annual reports questionnaire for 1999. Though cultivation remains limited, it seems to be on the rise.

37. If all of the opium produced in 2000 (approximately 4,700 tons) were converted into heroin, the potential heroin production would be about 470 tons. (Although the conversion rate for processing opium into heroin is generally accepted at 1:10, the actual rate is subject to verification and may vary from country to country.)

38. In 1999, the potential heroin production was estimated at about 570 to 580 tons. The total amount of opiates seized in 1999 amounted to 85 tons (in heroin equivalent), an interception rate of 15 per cent. Thus, the potential availability of heroin to the world market in 1999 amounted to almost 500 tons (a figure derived from the deduction of the global opiate seizure volume from the potential heroin production) (see figure 4). By comparison, the potential heroin availability in 1998 was calculated at 360 tons, with an interception rate of 17 per cent. The heroin availability for 2000 would again be at less than 400 tons (assuming an average opiate seizure level).

IV. Trends in opiate trafficking

39. Statistics on opiate seizures indicated a rising trend for 1999. In 1999, both opium and heroin seizure volumes reached the highest level ever recorded worldwide (see figure 7). Global opiate seizures (opium, morphine and heroin combined) rose consistently during the last two decades, increasing from a total of 9 tons (in heroin equivalent) in 1980 to almost 85 tons in 1999. The most significant increases took place during the 1980s and early 1990s, while in recent years statistics indicated a stabilization trend. In 1999, however, opiate seizures increased again by 13 per cent compared with 1998 and 24 per cent compared with the average seizure level of recent years.

40. The long-term trend in opiate seizures, as described in the previous paragraph, is consistent with the development in opium production. The rising opium production during the 1980s and early 1990s was followed by stabilization since the mid-1990s and a renewed increase in 1999. This congruence in respect of global production and seizure trends (see figure 8) confirms the usefulness of seizure statistics for measuring drug trafficking trends. Thus, the latest increase in opiate seizures in 1999 can be seen as a result mainly of the increase in opium production in Afghanistan during that year. Nevertheless, in analysing seizure statistics, it must always be kept in mind that seizures are an indirect rather than a direct indicator, measuring not only trafficking trends but also the level and effectiveness of law enforcement capacity in each country.

Opium

41. Opium continues to be trafficked principally within the producer countries and to neighbouring States for consumption purposes, as well as for conversion into heroin. Trafficking of opium outside Asia remains limited.

42. Global seizures of opium (raw and prepared) amounted to 240 tons in 1999, the second highest level ever recorded and an increase of 36 per cent over the level for 1998 (see figure 9). The volume of opium seized worldwide has risen steadily over the last two decades, with annual seizure levels being at roughly 50 tons in the early 1980s. The Islamic Republic of Iran regularly recorded about two thirds of the opium intercepted worldwide. In recent years,

Illicit opium production

Figure 1
Global opium production in 2000
(Total: approximately 4,700 tons)

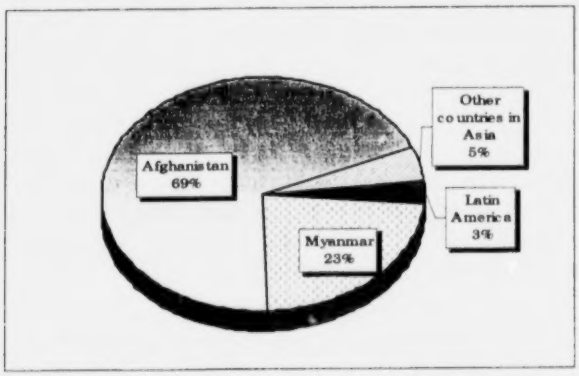


Figure 2
Global opium production in 1999
(Total: approximately 5,770 tons)

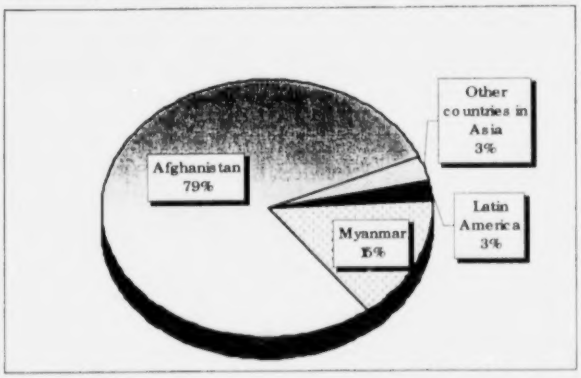


Figure 3
Global trends in cultivation of opium poppy and production of opium, 1988-2000

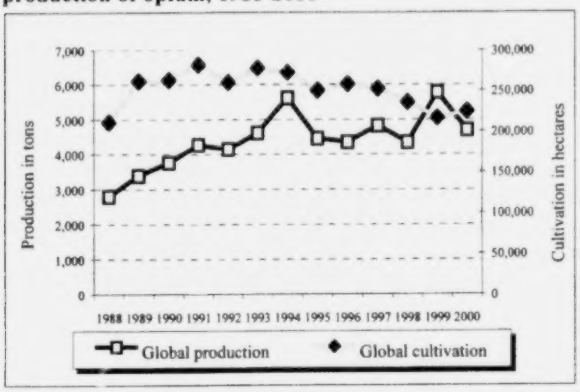


Figure 4
Potential availability of heroin and global seizure volume of opiates, 1988-2000

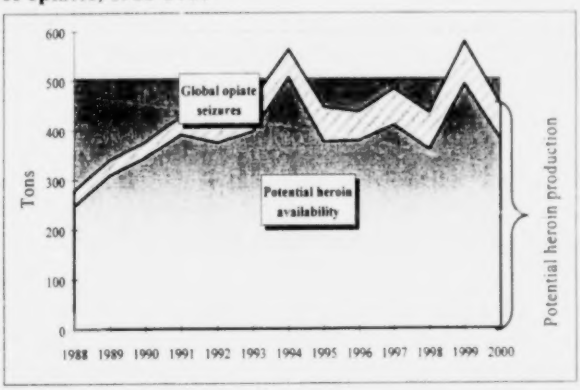


Figure 5
Production of opium in south-east Asia, 1988-2000

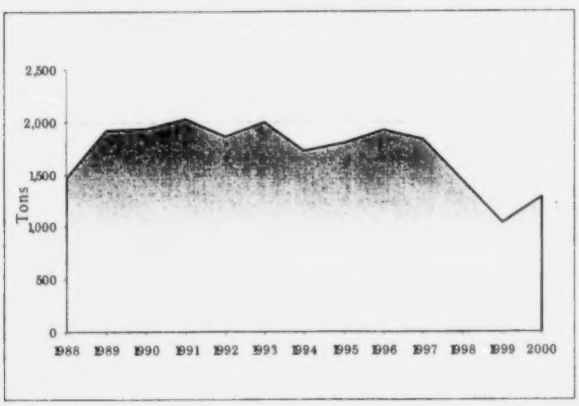
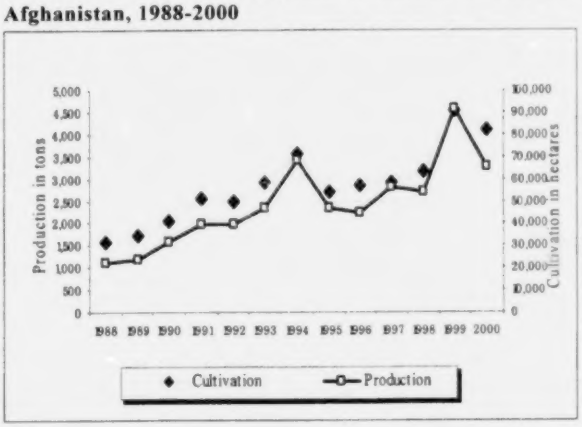


Figure 6
Cultivation of opium poppy and production of opium in Afghanistan, 1988-2000



opium seizures by the Islamic Republic of Iran accounted for more than 80 per cent of the global total. The large increase in the volume of global seizures in 1999 is again mainly attributable to the Islamic Republic of Iran, which reported a total of more than 200 tons of opium seized during that year.

43. Other countries that continued to report significant opium seizures in 1999 (see figure 10) include China, India, Myanmar, Pakistan, the Russian Federation and those central Asian republics which border Afghanistan. Uzbekistan and Turkmenistan also reported relatively large opium seizures in 1999, amounting to 3.2 and 4.6 tons, respectively, while seizure increases in Tajikistan related mainly to heroin. The reported increase in central Asia and the Russian Federation is likely to be attributable to the increased trafficking and abuse of opiates in the region, but may also be due in part to enhanced law enforcement efforts implemented in some countries in recent years. Pakistan also reported a relatively large increase in opium seizures in 1999, which totalled 16 tons.

44. Opium seizures of quantities between 100 and 1,000 kg were recorded in 1999 in Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Mexico, Thailand, Turkey and Viet Nam. Mexico reported a total of 800 kg, which represents a relatively large increase in comparison with the average level of about 200 kg seized in recent years.

45. Countries with significant opium seizures, as listed in the previous paragraphs, indicate places of opium production, opium consumption and/or heroin manufacture. The Islamic Republic of Iran is considered to have one of the highest opium addiction rates worldwide, with an estimated 1.2 million drug addicts or about 2 per cent of the population consuming opiates as well as cannabis products.[7] Opium consumption is also widespread, for example, in Lao People's Democratic Republic, where the national opium addiction rate was estimated at 2.1 per cent of the population aged 15 and above. An estimated 57 per cent of the opium produced within Lao People's Democratic Republic is reportedly consumed locally.[8]

46. Many countries in Asia have recognized a shift from opium smoking to the use of heroin, either smoked or, increasingly, injected. Nevertheless, opium consumption remains high. In China, opium consumption continues to be widespread, but the use of heroin is also rising. The country recently reported 680,000 officially registered drug addicts.[9] Estimates for Viet Nam indicated as many as 200,000 opiate drug users, of whom 50,000 are believed to inject heroin.[10] Statistics from Myanmar show over 86,000 drug addicts, most of which allegedly consume opiates in their various forms. The majority of opiate addicts in Pakistan are believed to consume heroin. In this context, it must be noted, however, that figures on officially registered addicts might not be realistic, as actual consumption rates tend to be much higher.

Heroin

47. Trafficking of heroin continues to be widespread, affecting more and more countries worldwide. As with opium, global seizures of heroin reached the unprecedented level of over 35 tons in 1999 (see figure 11). The volume of heroin seizure has been rising steadily over the last two decades, mirroring the increasing trend in opium production. South-west Asia and western Europe continue to record the bulk of heroin interceptions, both subregions accounting for about 30 per cent of the global seizure volume in 1999. The east and south-east Asian subregion accounted for about 20 per cent, and central Asia, eastern Europe, south Asia and North America for less than 5 per cent each.

48. The increase in global heroin seizures in 1999 was due to only one subregion, namely south-west Asia, while all other regions worldwide reflected a stable or even slightly declining trend during that year. It seems that heroin trafficking (as reflected in seizure statistics) increased mainly in the area surrounding Afghanistan, which was also responsible for the large increase in opium production during that year. In this context, it is interesting to note that both the total seizure volume in the countries surrounding Afghanistan and opium production in Afghanistan rose by a similar factor (70 per cent) in 1999, while the total seizure volume in other regions, such as Europe for example, reflected only small changes (see figure 12). This might suggest that the massive amount of opium produced in Afghanistan in 1999 has not thus far been passed on to the same extent to global markets outside the region. Stable heroin prices in western Europe during 1999 further support this analysis.

Opiate seizures: global trends

Figure 7
Global opiate seizures, 1986-1999
(In heroin equivalent)

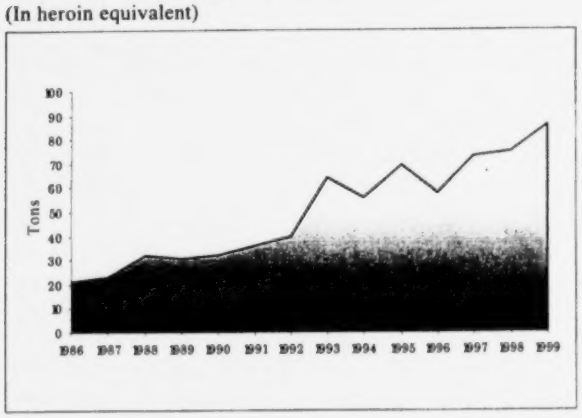


Figure 8
Opiate seizures (in heroin equivalent) and opium production: correlation of trends, 1986-1999

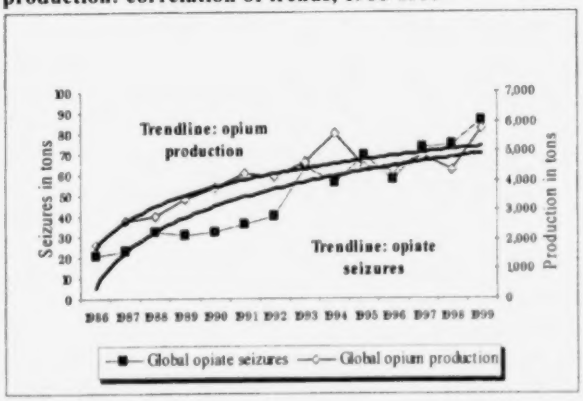


Figure 9
Global opium seizures, 1986-1999

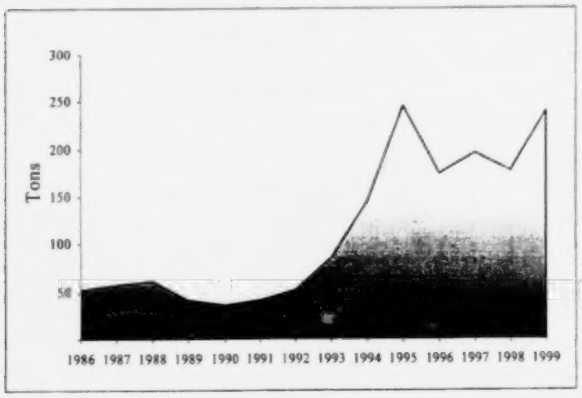


Figure 10
Opium seizures in 1999: global ranking of countries
(In tons)

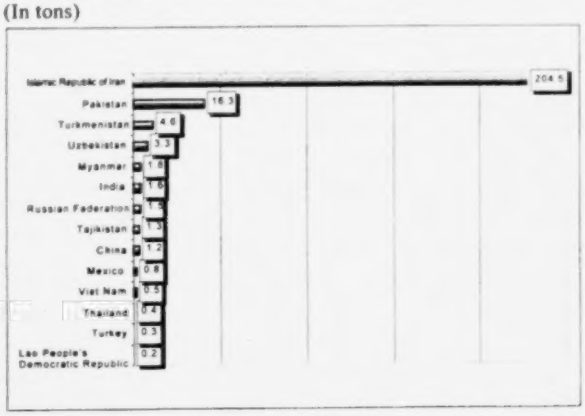


Figure 11
Global heroin seizures, 1986-1999

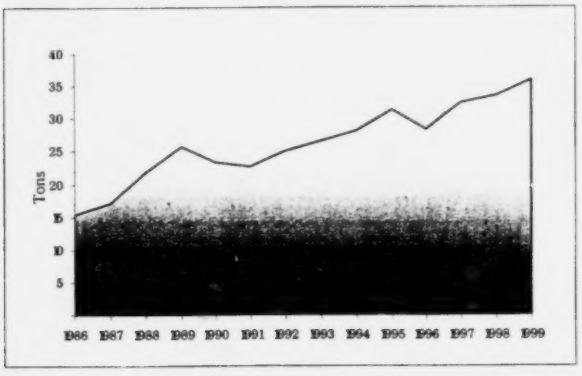
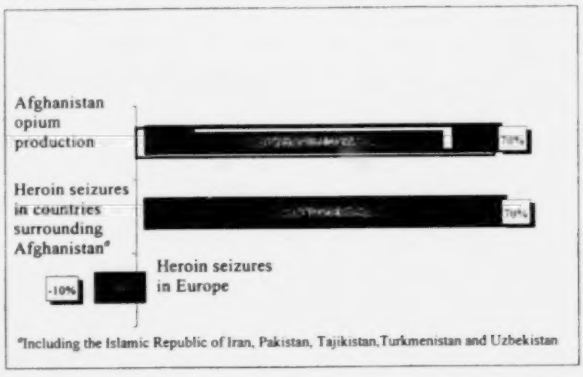


Figure 12
Trends in heroin seizures in west Asia and Europe compared to opium production in Afghanistan in 1999
(Percentage increase/decrease over 1998)


Afghanistan opium production
Heroin seizures in countries surrounding Afghanistan*
Heroin seizures in Europe
-10%
*Including the Islamic Republic of Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan

49. Several assumptions are possible with regard to the destination of the excess of opiates produced in Afghanistan during 1999. Enormous seizure increases in some countries in the region (i.e. the Islamic Republic of Iran, Pakistan and Tajikistan (see figure 14)) indicate that law enforcement measures have successfully prevented part of the trafficking outside the region. There may also have been an increased flow of opiates into new or expanding consumer markets such as the Russian Federation, which recorded a large seizure increase for heroin as well as opium. Though no information is currently available, heroin may also be stockpiled within the region.

50. Seizures recorded in south-west Asia rose from 6.6 tons in 1998 to 11.3 tons in 1999. Both Pakistan and the Islamic Republic of Iran reported increases in heroin seizures during that year. However, while heroin interceptions in the Islamic Republic of Iran reached a record level in 1999 (rising from 2.9 tons to 6 tons, an increase of 108 per cent), those in Pakistan increased to a lesser extent (from 3.4 to 5 tons, or 48 per cent) and remained below the seizure level recorded in the past (6 tons on average) (see figure 14). Additionally, the Islamic Republic of Iran reported a total of 22 tons of morphine interceptions in 1999, which is similar to the level recorded in 1998.

51. The different trends reflected in seizure statistics of countries in south-west Asia suggest that some changes have occurred in the use of trafficking routes, as well as the location of heroin manufacturing sites in the region. As for manufacture, though the quality of heroin available throughout south-west Asia remains unclear, opiates seem to be increasingly trafficked out of Afghanistan directly in the form of heroin.[11] In the past, the Islamic Republic of Iran was primarily affected by trafficking of opium and morphine, the latter mainly transiting the country destined for clandestine heroin laboratories in Turkey. Heroin entered the country to a lesser extent and principally via its border with Pakistan, where heroin processing took place in the past. The increased trafficking of heroin through the Islamic Republic of Iran in recent years suggests that in addition to morphine processing capacities, laboratory facilities for manufacture of heroin must exist in the region. Such manufacturing sites may not only be located along the Afghanistan-Pakistan border area, but presumably also in the south-west of Afghanistan, bordering the province of Khorasan in the Islamic Republic of Iran. Statistics on significant seizure cases reported by the Islamic Republic of Iran for 1999 confirm that the bulk of heroin was seized in Khorasan, which borders Afghanistan and Turkmenistan.

52. With regard to changes in trafficking routes in south-west Asia, the following trends (as indicated in reports of last year) seem to be confirmed by the latest seizure statistics. The southern route via Pakistan and India appears to have become less significant than in the past. Though seizures in both countries increased in 1999, they remain below the level intercepted before 1998, despite the rise in opium production in the region. At the same time, trafficking along the western route via the Islamic Republic of Iran appears to have increased to a greater extent (see para. 51 and figure 14). This route is also becoming increasingly connected to the northern routes across central Asian republics. Though seizures in those States continue to be relatively low, some available data reflect enhanced trafficking activities in the subregion. Latest data from Tajikistan indicate a very large increase in heroin seizures for 2000 (preliminary data referred to 1.5 tons, which is higher than, for example, the annual seizure volume in the United States and most European countries).

53. It seems that large amounts of opiates trafficked northwards and transiting central Asia flow into the Russian Federation. Heroin interceptions have gone up in recent years, reaching almost 700 kg in 1999. Consumption of opiates is reportedly on the rise in the Russian Federation, but the country is also used as a transit point. Reports received from Finland, for example, indicated that heroin is mainly smuggled into the country from the Russian Federation and is almost exclusively trafficked in the form of heroin hydrochloride of high quality.[12]

54. Other countries in eastern Europe have also reported that heroin from south-west Asia is increasingly transiting central Asia. The Czech Republic reported increased use of trafficking routes through central Asia for transporting heroin into Europe.[13] Countries in eastern Europe that reported relatively high heroin seizures in 1999 include Bulgaria (265 kg), the Czech Republic (108 kg) and Hungary (172 kg).

55. Turkey has recorded a relatively stable heroin seizure level of between 3.4 and 4.4 tons since 1995. Seizures in 1999 were at 3.6 tons, a 22 per cent decrease in comparison with 1998 (see figure 14). This suggests that Turkey was less affected by the latest increase in the use of the western and northern routes through the Islamic Republic of Iran and central Asian republics. Morphine seizures, however, slightly increased during that year, indicating that the traditional trafficking of morphine from south-west Asia into Turkey for conversion purposes is continuing.

56. Western Europe remains the main destination of heroin originating from south-west Asia. As mentioned above, it seems that the 1999 production increase in Afghanistan was not passed on to European consumer markets during that year, with prices as well as seizures of heroin in Europe reflecting more or less stable or even declining trends. The total volume seized in the region in 1999 amounted to 10.8 tons, which is slightly below the level of 1998 and accounts for 30 per cent of the global total (see figure 15). Seizure statistics from a number of countries reflect more or less stable trends in recent years. The Netherlands, which appeared to be the main entry point for heroin trafficking in 1998 (with seizure peaks above 2 tons), recorded lower quantities in 1999 (770 kg), which were, however, above the level of previous years. The main transit and destination countries for heroin trafficking in western Europe in 1999 were the United Kingdom of Great Britain and Northern Ireland, which intercepted over 2 tons of heroin, Italy (1.3 tons), Spain (1.2 tons) and Turkey, whose lower seizure total for 1999 was responsible for the regional decrease, though it remained the highest compared to other European countries (see figure 16).

57. Some significant seizure cases in Pakistan further indicated North America as the final destination of heroin trafficking. The significant seizure reports from Pakistan also confirmed that heroin trafficked out of the country is often routed through Africa or countries in the Near and Middle East. Though seizures remain relatively low, Africa continues to be used heavily as a transit point for drug trafficking. One of the most frequently used transportation methods along the southern route via Pakistan is part by air and part by sea, while the western and northern routes largely use road transport.

58. In east and south-east Asia, heroin seizure totals decreased in 1999, presumably owing to a decline in opium production in the region during that year, mainly related to Myanmar (see figure 17). China appears to have emerged as an important conduit for heroin trafficked outside the region. The country accounts for the highest heroin seizure volume in the region and recorded a total of 5.3 tons in 1999, which is a decrease in relation to the 1998 peak, but higher than in previous years (the 1999 decrease is assumed to be related to the decline in opium production in Myanmar during that year). In 1998 and 1999, China accounted for 80 per cent of the total volume of heroin seizure in east and south-east Asia. During the first part of the 1990s, however, the country's subregional share in heroin interceptions was less than 60 per cent. This development confirms trends of recent years indicating increased heroin traffic into China as a result of the displacement of heroin laboratories away from the Myanmar-Thailand border area.

59. Within China, traffickers appear to have identified new routes for further export. In addition to the Hong Kong Special Administrative Region (SAR) (China), other exit points for heroin trafficking outside China have emerged. Some seaports in south-east China are believed to have become departure points for heroin exports to Australia and North America, often via further transit countries. In this context, in a recent study on overland heroin trafficking routes and the spread of the human immunodeficiency virus (HIV) in south-east Asia, a new trafficking route was identified within China. In addition to the main flow of drugs eastwards, heroin may also be trafficked westwards into central Asia (i.e. Kazakhstan). This route has the potential to target European consumer markets, in particular for high-purity white heroin.[14]

60. Despite increased trafficking through China, other countries in the region, including Thailand, Malaysia and Singapore remain important transit countries for heroin trafficking, by air and sea, to Australia, Europe and the United States. Seizures in Malaysia and Singapore have been more or less stable in recent years, while those in Thailand decreased from an average of 1,500 kg during the early 1990s to less than 500 kg in recent years. Decreasing seizure statistics from Thailand may be the result of some recent shifts in the use of trafficking routes, as well as a decrease in opium production within the country and in the region as a whole in recent years.

61. As mentioned above, large quantities of opiates produced in south-east Asia are consumed within the region. Primary destinations outside the region continue to be the United States, Australia and Europe. However, from the information available, it remains difficult to provide a percentage breakdown of distribution and export patterns. Nevertheless, some national reports received provide an indication of the level of heroin consumption and origin of the drug available on domestic markets.

62. The United States recently estimated that about 3 tons of heroin—or about 15 per cent of the total domestic consumption—originates in south-east Asia (at least 80 per cent originates from Colombia and Mexico and less than 5 per cent from south-west Asia, with total domestic consumption being estimated at roughly 18 tons). According to the United States, by the mid-1990s heroin from south-east Asia had lost its previous market dominance to Colombian heroin, which began to offer an equal or even higher purity level. (Both regions are known for supplying consumer markets with high-quality white heroin, as compared to black tar heroin from Mexico.) Since 1997, however, statistical analyses of seizure patterns suggest a resurgence in heroin from south-east Asia entering the United States.[15]

63. The fact that only 3 tons of heroin are estimated to be trafficked from south-east Asia to the United States leads to the question as to the final destination of heroin produced in south-east Asia. The consumption of a total of roughly 3 tons of south-east Asian heroin in the United States would account for only 2 per cent of the estimated production level in the area known as the Golden Triangle, which produces roughly 100 to 180 tons of potential heroin per year. Although the level of opiate consumption within the region is high, the question remains as to the final destinations of heroin trafficked outside the region. Despite increasing heroin consumption in Australia, the market there continues to be relatively small.[16] Canada reported that Afghanistan, Myanmar and Thailand are principal sources of heroin, but the market remains secondary.[17] Europe remains the main heroin consumer area, but is primarily supplied by south-west Asian heroin.

64. Seizures of heroin in the Americas indicate rising trends over the last two decades. Seizures in 1999 amounted to 2.3 tons, a 10 per cent increase over 1998. The United States accounts for the bulk of heroin interceptions in the region, though seizures for the first time in years seemed to have decreased slightly. Increases were, however, noted in Colombia and Mexico, where seizures amounted to 514 and 260 kg, respectively (see figure 18).

65. In Australia, researchers have noted a growing acceptance of and rise in the abuse of heroin. According to the Government of Australia, the drug is readily available at street level throughout the country. In response to the wide availability of heroin in the country, wholesale and retail prices have tended to decline in recent years. Further, the number of deaths caused by heroin-related overdoses in Australia continues to rise and has become of serious concern.[18] The rising availability of heroin in Australia is also reflected in the country's seizure statistics. Heroin seizures have been rising in recent years and increased by 130 per cent in 1999, reaching 690 kg.

V. Illicit production of coca leaf in 2000 and potential availability of cocaine to the world market

66. The information below on illicit coca production is based on estimates and includes a certain margin of error. Because of the current absence of reliable surveys, the data presented summarize the information available from various sources. The aim is to provide a realistic overview of the potential availability of cocaine to the global market.

67. Global illicit coca bush cultivation and production of coca leaf appear to have been more or less stable in 2000 compared to previous years, with an estimated 800 tons of potential cocaine produced. Throughout the 1990s, potential annual cocaine conversion at the global level is assessed to have fluctuated between roughly 800 and 900 tons, following a steadily rising trend during the previous decades (see figure 19). The stabilization in coca production is a result of decreasing trends in Peru and Bolivia in recent years, which have been offset by increases in Colombia (see figure 20).

68. According to information provided in the annual reports questionnaires, coca production in Colombia has risen steadily in recent years. The cultivation area increased from a total of 45,000 hectares in 1995 to

Heroin seizures: regional trends

Figure 13
Heroin seizures, 1999: global ranking of countries
(In tons)

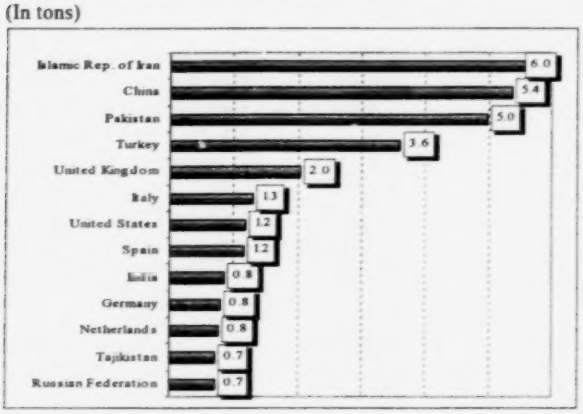


Figure 14
Heroin seizure trends in the highest ranking countries in west Asia and Europe in 1999
(Percentage increase/decrease over 1998)

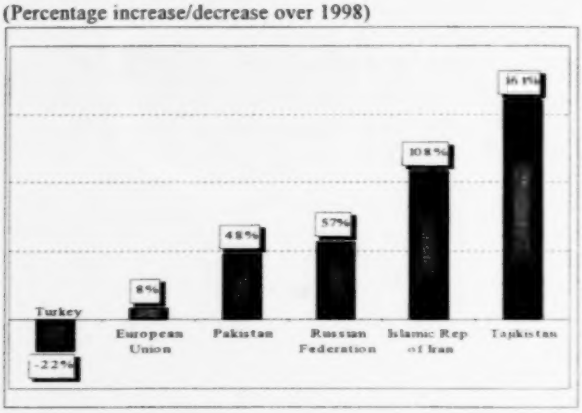


Figure 15
Heroin seizures in western Europe, 1980-1999

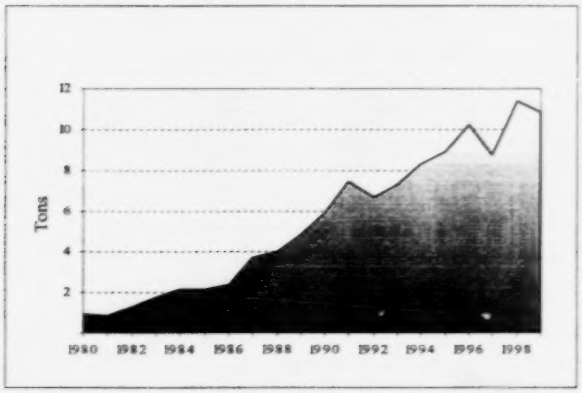


Figure 16
Heroin seizures in western Europe, 1999: ranking of countries
(In tons)

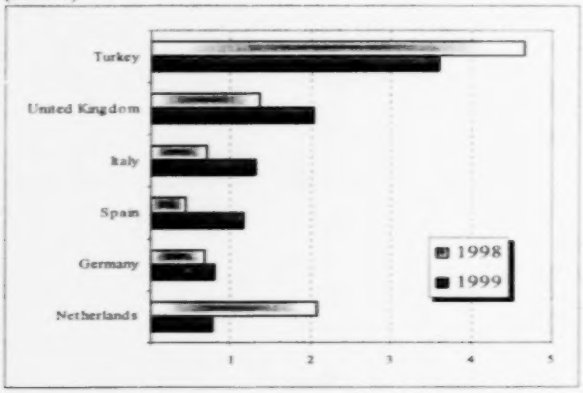


Figure 17
Heroin seizures in east and south-east Asia and trends by country, 1980-1999

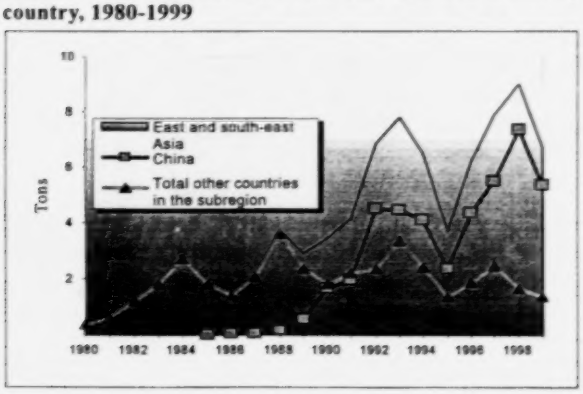
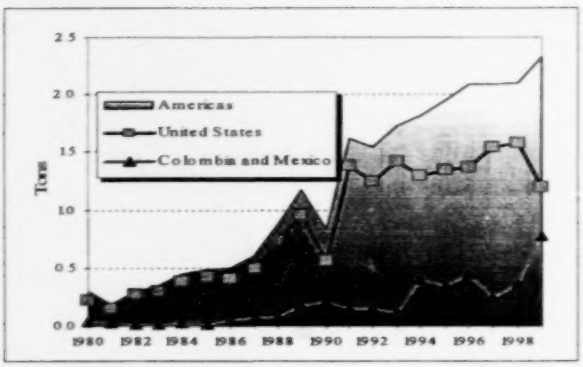


Figure 18
Heroin seizures in the Americas and trends by country, 1980-1999



over 100,000 hectares in 1999. The resulting conversion into potential cocaine reportedly rose from about 350 tons to as much as 550 tons during that period. Particularly large increases have been noted since 1998. Though data for 2000 are not yet available, cocaine production in Colombia could potentially reach 600 tons, if the trend of recent years continues.

69. Information received from Peru indicates a significant decline in coca production during the 1990s. Preliminary estimates for 2000 reflect that illicit coca cultivation in Peru covered an area of 37,200 hectares in 2000, which is slightly lower than the level of 38,700 hectares in 1999 and represents a 70 per cent decrease in comparison with the early 1990s. Potential cocaine production in Peru may be estimated at 170 tons in 2000, as compared to roughly 500 to 550 tons during the early 1990s. In this context, it must be noted, however, that some cultivation areas in Peru, which were abandoned in recent years, may have been reactivated since 1999. From the information currently available, it cannot be assessed whether this development will initiate a renewed increasing trend, or if production will remain within a certain fluctuation range. The recent reactivation of some cultivation areas may be a result of rising farm-gate prices.

70. Illicit coca production in Bolivia has also declined significantly over recent years. Cultivation areas, amounting to an estimated 36,000 hectares until 1996, declined to some 10,000 hectares in 1999. In 2000, illicit cultivation of coca bush in Bolivia is assumed to have decreased by another 50 per cent, now covering an estimated area of 5,000 hectares. The resulting conversion into potential cocaine could fall from an estimated 250 tons during the mid-1990s to less than 40 tons in 2000.

71. Farm-gate prices for coca leaf, as well as coca base, appear to have risen in Bolivia and Peru since 1999. In Bolivia, for example, farm-gate prices rose from an average of $1.5 per kilogram of coca leaf in 1998 to $2.7 in 1999 and $3.7 in 2000. It is assumed that prices are rising because of shortages of cocaine due to eradication efforts. Rising price trends carry the danger of being seen as an incentive to farmers to return to illicit coca cultivation, as has been observed in Peru recently.

72. The potential annual availability of cocaine to the world market is calculated on the basis of the total annual production (in all three source countries) minus the global cocaine seizure volume per year. The result would be a "potential availability", not taking into account the volumes consumed as coca leaf as well as quantities of coca products lost or destroyed during the conversion and trafficking processes. With an estimated total of roughly 800 tons of potential cocaine produced in 1999 and a total of about 360 tons of cocaine seized worldwide during that year (sect. VI below), the potential availability of that drug for global consumer markets would be 440 tons. This would relate to an interception rate of 45 per cent in 1999 (see figure 21).

73. Cocaine interception rates seem to have risen from about 33 per cent in the past to over 40 per cent in recent years (as a result of relatively stable or declining production in relation to rising seizure levels). This development could be attributed in part to strengthened law enforcement by Governments. Yet there remains a certain element of doubt, not only with regard to the high interception rate, but also whether a total of 440 tons of cocaine availability actually covers worldwide consumption. Nonetheless, cocaine demand seems to be satisfied, given falling or stable retail prices in all major consumer markets in recent years.

74. Though exact assessments of global cocaine consumption are currently not available, some estimates indicate figures that are higher than the above-calculated availability of 440 tons. In a recent study by the United States, for example, global consumption figures were estimated at roughly 650 tons. According to the study, the breakdown of consumer markets included the United States, which consumed close to 300 tons, South America, which consumed both coca leaf (equivalent to roughly 50 tons of pure cocaine) and about 100 tons of pure cocaine, Europe, with an estimated 150 tons and the remaining smaller markets, including Australia, Canada, Mexico, the Russian Federation, South Africa, Asia and Central America, combined to consume something less than 50 tons.[19]

Illicit coca production

Figure 19

Global illicit coca cultivation/production and potential cocaine manufacture, 1987-2000

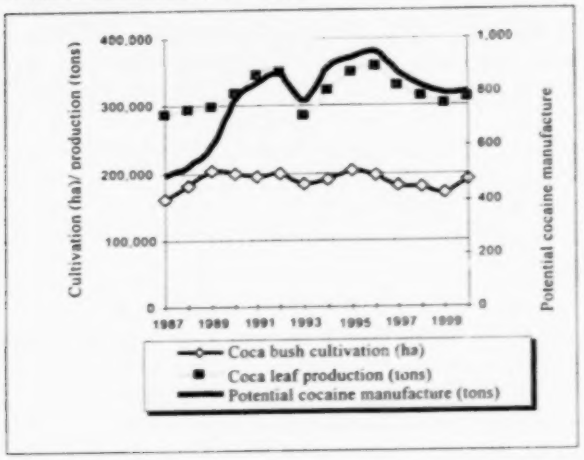


Figure 20

Potential cocaine manufacture: trends by producer country, 1990-2000

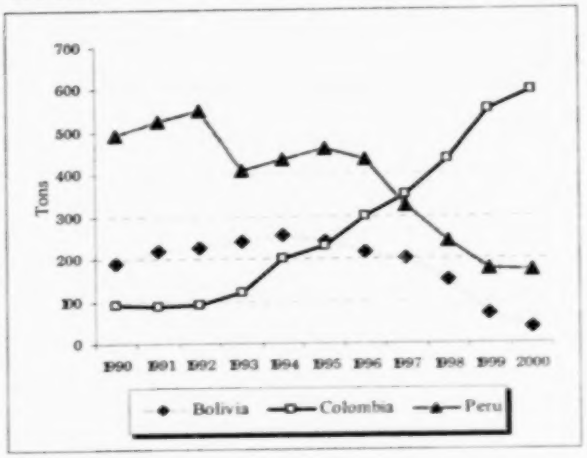


Figure 21

Potential cocaine availability and global seizure volume, 1987-2000

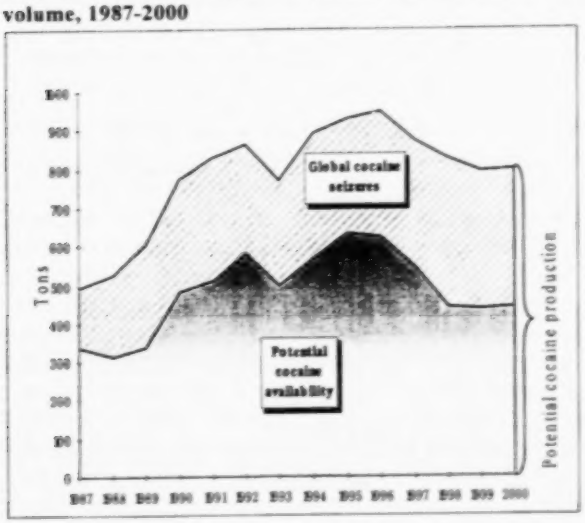
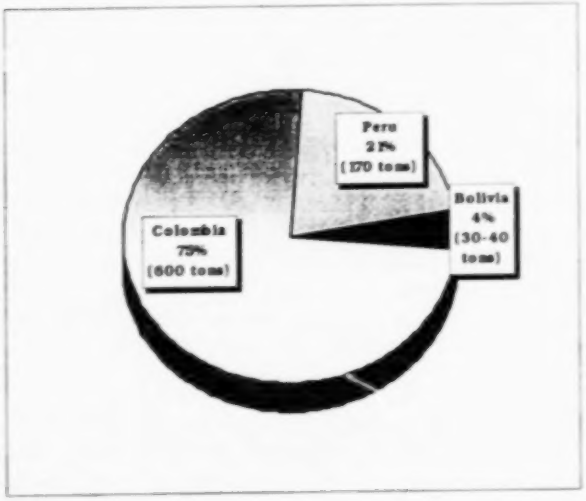


Figure 22

Global potential cocaine production in 2000

(Total: approximately 800 tons)



VI. Trends in cocaine trafficking

75. Global cocaine seizures amounted to almost 360 tons in 1999, which is below the massive 1998 peak but above the level of previous years (see figure 23). Interceptions in the Americas account for about 90 per cent of the cocaine seizures worldwide, the remainder being seized in western Europe. The total seizure volume in the Americas (see figure 25) rose rapidly during the 1980s and appeared to have levelled off in the 1990s, mirroring the global coca production trend over that period. The rising seizure levels in 1998 and 1999 might be a further indication that coca production was also higher than currently estimated.

76. The large cocaine seizure volume of 1998 was primarily related to Colombia, where interceptions rose from an average level of 50 tons between 1990 and 1997 to over 100 tons in 1998. In 1999, cocaine interceptions in Colombia returned to a lower level, amounting to 63.9 tons. However, the country reported an additional large seizure volume of liquid cocaine during that year. Colombia's cocaine seizures on average account for about 20 per cent of the regional seizure volume (see figure 25).

77. Seizure trends in other coca producing countries reflected minor changes in 1999, most of which are within the fluctuation range of recent years. Cocaine interceptions in Peru have been increasing again over the last three years and amounted to 11.3 tons in 1999. This seizure level is, however, below the volume recorded in Peru during the 1980s (up to 50 tons) and mid-1990s (about 20 tons). The latest increase in cocaine seizures in Peru might confirm recent information with respect to a reactivation of some abandoned cultivation areas, following the enormous reduction in coca production and trafficking since the early 1990s. Interceptions in Bolivia continue to decrease, amounting to 7.7 tons in 1999. This trend is in line with the decrease in coca production in recent years.

78. Significant increases in cocaine seizure were recorded in Ecuador and Venezuela in 1999, with those in Ecuador at a record level of over 10 tons and those in Venezuela being the second highest volume ever recorded (12.4 tons). Both countries border Colombia.

79. Cocaine interceptions in Brazil increased to 7.4 tons in 1999, while those in Argentina declined significantly in 1998 and 1999, with total interceptions in 1999 amounting to 1.7 tons. The use of Argentina as a transit country for cocaine trafficking has declined, possibly as the result of Bolivia's success in coca eradication in recent years.

80. Seizures in Central America and the Caribbean decreased in 1999. Both subregions together accounted for about 9 per cent of the cocaine seized in the Americas in 1999, their share being slightly higher in the past. Seizures remained relatively high in Guatemala (10 tons), but decreased significantly in Costa Rica (2 tons) and Panama (3 tons). In the Caribbean, the highest seizure levels (between 1 and 2.5 tons) were recorded in 1999 in the Bahamas, the Cayman Islands, Cuba, the Dominican Republic and Jamaica.

81. Cocaine continues to be directed to two main markets, the United States and western Europe, the latter remaining secondary. Interceptions in the United States fluctuated between 100 and 130 tons during the last decade, indicating a stabilization trend. Seizures of recent years, however, reflected a slight increase again, resulting in a total of more than 132 tons in 1999, the highest level ever recorded and a 13 per cent increase over 1998. Cocaine interceptions in the United States account for about 40 per cent of the regional and 37 per cent of the global seizure volume (see figure 25).

82. In the United States, trafficking routes and cocaine distribution patterns seem to have changed over recent years. According to a recent inter-agency intelligence assessment reported by the United States,[20] approximately 60 per cent of the cocaine smuggled into the United States crosses its south-west border. Over the past decade, the Colombia-based drug groups allowed Mexico-based trafficking organizations to play an increasing role in the United States cocaine trade. The result of this today, according to the report, is that traffickers operating from Colombia control wholesale levels of cocaine distribution throughout the heavily populated north-eastern United States and along the eastern seaboard, while traffickers operating from Mexico now control wholesale cocaine distribution throughout the western and mid-western United States. Another development of recent years was a shift of the United States-based command and

control centre of the organized crime groups in Mexico from southern California to Chicago.

83. As for western Europe, following the alarming predictions throughout the 1990s with respect to cocaine flooding the region, 1998 seizure statistics provided encouragement, as they indicated, for the first time, a decline (see figure 27). The regional seizure total for 1999, however, reflected another increase, reaching an unprecedented level of over 42 tons, a 22 per cent increase over 1998. Yet compared to 1997, seizures in 1999 increased by only 9 per cent. Rising seizure trends suggest that Europe continues to be an important target area for cocaine trafficking and consumption.

84. Main entry points for cocaine trafficked into western Europe remain Spain and the Netherlands (see figure 28). Seizures in Spain went up again in 1999, totalling 18 tons, after having fallen significantly in 1998. The Netherlands, which recorded a record level of 11.5 tons in 1998, reported a slightly lower quantity for 1999 (10.4 tons) though this was higher than in previous years. Interceptions also increased in France (3.7 tons), Germany (2 tons) and Italy (3 tons), while those in Belgium and the United Kingdom decreased slightly to 1.7 tons each. In this context, Germany reported that the quantity of cocaine seized in 1999 at the Frankfurt airport alone was larger than the total quantity seized at all German airports in 1998.[21]

85. Some rising cocaine seizures in eastern Europe in recent years indicate that the subregion might increasingly be used as an entry point for cocaine into Europe. In 1999, however, seizures were at the lowest level since 1992 (360 kg). Additionally, cocaine interceptions in Turkey, which were relatively high in 1998, decreased to a very low level in 1999 (13 kg). Whether this one-year trend is related to a normal fluctuation or indicates a shift away from the use of eastern Europe as a cocaine entry point for the region remains to be seen in future statistics.

86. Africa continues to be used as a transit area for cocaine trafficking from Latin America to western Europe. Statistics of drug seizures, however, remain an unsatisfactory indicator to measure drug trafficking in Africa. Only about 0.1 per cent of the cocaine seized worldwide in 1999 was recorded in Africa, most of it in South Africa. South Africa recorded a total of 347 kg of cocaine seized in 1999, which is below the 1998 peak, but higher than in previous years. Seizures in Angola declined in 1998 and 1999, and those in Nigeria have remained at a relatively low level since 1995. This might suggest that trafficking routes have diverted to other entry and transit countries in the region. With 32 kg, Senegal recorded the largest cocaine seizure volume in west and central Africa in 1999.

87. Cocaine has made an appearance in Asia in recent years, but trafficking remains limited. Seizures for 1999 were rather low in Lebanon and Israel, the only countries recording significant quantities in recent years. Both countries and the Syrian Arab Republic each recorded about 30 kg in 1999. Japan reported cocaine seizures on a regular basis throughout the last decade, but the quantities seized remained insignificant and have reflected a decrease in recent years (10 kg in 1999).

88. Cocaine seizures are slightly higher in Australia, amounting to more than 100 kg in 1999. Though the drug seems to be readily available in some major cities, cocaine use in the rest of the country does not appear to be significant.[22]

VII. Trends in cannabis trafficking

89. Cannabis remains the most widespread plant-based drug, and cultivation and trafficking occur in most countries worldwide. Data and statistics on illicit cultivation and wild growth of cannabis continue to be scarce. The principal source and consumer regions for both cannabis resin and herb, as identified in the past, remain unchanged.

Cannabis herb

90. Cannabis herb continues to be grown and trafficked primarily in Africa, the Americas and central, south and south-east Asia. In addition, indoor cultivation of cannabis continues to be of great concern in Europe and North America.

91. Annual seizures of cannabis herb, which fluctuated widely at the global level during the 1980s, appeared more stable during the 1990s, with lower level seizures between approximately 2,000 and just

Cocaine seizures: global and regional trends

Figure 23
Cocaine seizures: global trends, 1986-1999

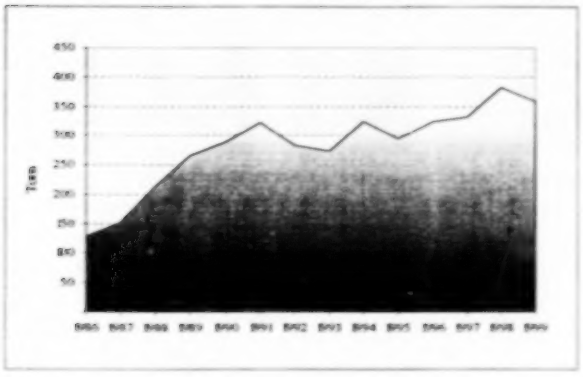


Figure 24
Cocaine seizures in 1999: global ranking of countries
(In tons)

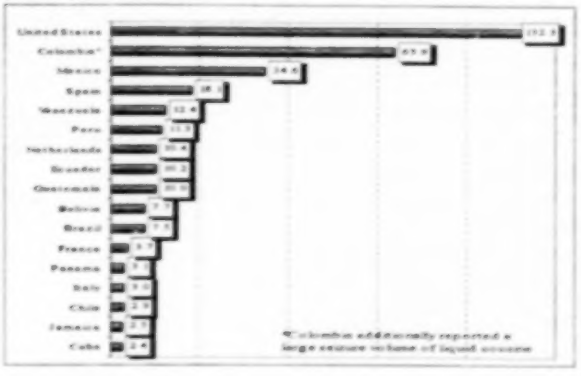


Figure 25
Cocaine seizures in the Americas and trends in the highest ranking countries, 1986-1999

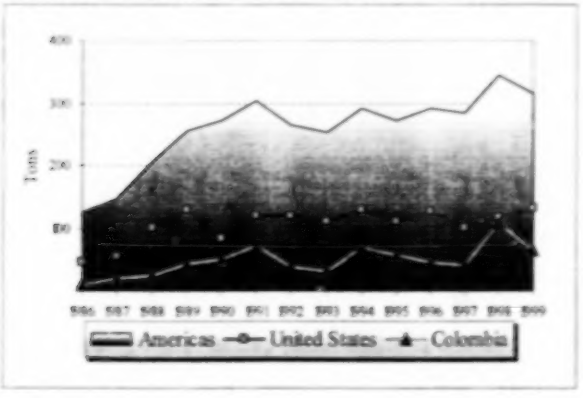


Figure 26
Cocaine seizures in Africa and trends in the highest ranking countries, 1986-1999

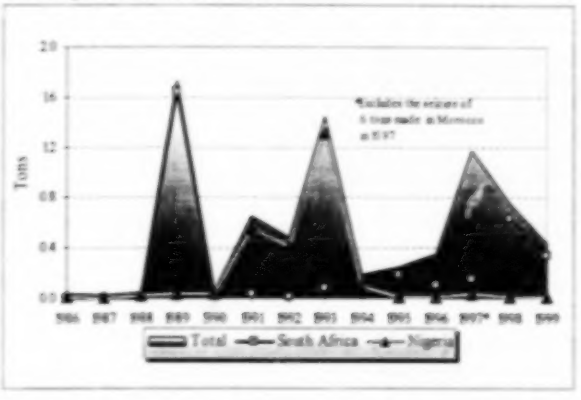


Figure 27
Cocaine seizures in Europe, 1986-1999

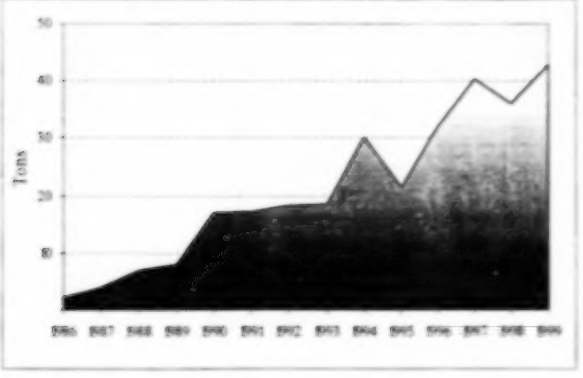
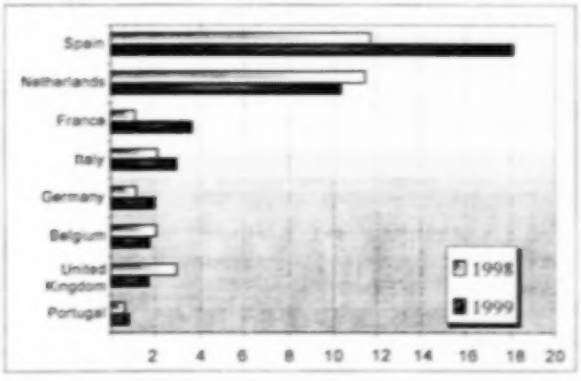


Figure 28
Cocaine seizures in Europe in 1999: ranking of countries
(In tons)



above 3,000 tons. In 1999, however, seizures of cannabis herb rose again reaching almost 4,000 tons, an increase of 35 per cent over 1998 and 46 per cent over the average level during the 1990s (see figure 29).

92. The rise in cannabis herb seizures in 1999 occurred mainly in the Americas. Seizures in the Americas accounted for 80 per cent of the global seizure volume, up from the average of approximately 66 per cent of previous years. Changes in the total cannabis herb seizures in other regions were less significant in 1999, with Africa accounting for more than 10 per cent of cannabis herb seized worldwide and Europe and Asia for about 5 per cent each (see figure 33).

93. In the Americas, more than 80 per cent of the cannabis herb seizures in the region are made in Mexico and the United States (see figure 30). While the former is used primarily as a source and transit country, the latter appears to be an important destination of cannabis herb traffic. Interceptions appeared relatively stable in recent years, however, both countries recorded an increase in 1999, with seizures climbing to the highest level since the early 1980s. Seizures in Mexico amounted to 1,470 tons and those in the United States to 1,170 tons. Canada recorded 45 tons, which is within its average fluctuation range of recent years. Whether the seizure increase in North America is a one-time peak or indicates a new trend for increased cannabis herb trafficking in the future remains to be seen. However, it seems that rising trends remain limited to the main traditional markets, with currently no indication of increased cannabis herb trafficking in other regions.

94. Interceptions in Colombia, another major source of cannabis herb, amounted to 70 tons in 1998 and 1999, continuing the decreasing trend of previous years. Several other countries in South America, however, recorded increases in 1999, most significantly Brazil and Paraguay, which reported a total of almost 70 tons and 200 tons, respectively.

95. In the Caribbean, cannabis herb seizures also increased slightly in 1999 and remained dominated by the volume intercepted in Jamaica (56 tons). Large quantities of cannabis herb trafficked in the Americas continue to originate in Jamaica, along with other source countries in the subregion.

96. Large-scale cannabis cultivation and trafficking also remains widespread in Africa, and involves mainly local consumption and distribution within the subregions. Statistics of drug seizures in Africa do not sufficiently reflect the extent of trafficking in the region. Nevertheless, various countries continue to report significant quantities of cannabis herb interceptions, particularly in southern Africa. The bulk there is seized in South Africa, which recorded a total of 290 tons in 1999, an increase over recent years, but below the level seized previously. Other countries in southern Africa that recorded relatively large quantities of cannabis herb seizures in 1999 include Swaziland (33 tons) and Malawi (27 tons).

97. Western Africa appears to be another major area for cannabis cultivation and consumption in the region. Seizures have generally been highest in Nigeria and Senegal. Trends in cannabis herb seizures in Nigeria have been stable since 1994, and amounted to 17.7 tons in 1999. Senegal recorded 7.2 tons in 1999, a decrease from previous levels, which had ranged between 13 tons and 84 tons since 1995. In north Africa, in addition to the availability of cannabis resin, Egypt and Morocco have reported significant cannabis herb seizures in recent years. In 1999, Egypt seized 22.6 tons, but no seizures of cannabis herb were reported from Morocco.

98. In Asia, cannabis herb seizures continue to be concentrated in south and south-east Asia, with fluctuating trends in recent years. In 1999, largest seizure volumes were recorded in Thailand (57.7 tons), one of the major source countries in the region. Seizures in India, however, decreased to 38.6 tons, the lowest level since the early 1980s.

99. Central Asia, in particular Kazakhstan, covers large areas of cannabis wild growth as well as cultivation.[23] Seizure statistics from countries in central Asia and the Caucasus are not yet available on a long-term basis and therefore may insufficiently measure the trafficking situation of drugs in the subregion. However, Georgia and Kazakhstan recorded relatively large cannabis herb seizures in 1999, amounting to 32 tons and 10.5 tons, respectively.

100. In addition, the Russian Federation recorded a total of 33.8 tons of cannabis herb seizures in 1999, an amount which is slightly higher than in recent years. The only other country in eastern Europe with

relatively large cannabis herb seizures in 1999 was Bulgaria, with 29.4 tons.

101. Trafficking of cannabis herb in western Europe remains at a somewhat lower level than in other regions. In addition, seizure statistics indicate a declining trend in recent years. Total quantities of cannabis herb intercepted in western Europe have been steadily decreasing in recent years, though they remain higher than during the 1980s. The Netherlands intercepted relatively large quantities between 1993 and 1995, but seizures have been declining since, amounting to 47 tons in 1999. Italy and the United Kingdom recorded 21 tons and 15 tons, respectively, in 1999, a decrease over recent years, but higher than during the early 1990s. Cannabis herb seizures have fallen significantly in Belgium from an average of 40 tons in previous years to less than 3 tons in 1998 and 1999. Germany reported 15 tons, which is within the fluctuation range of recent years. The only country reflecting an increasing trend seems to be Greece, where cannabis herb seizures climbed from less than 1 ton before 1995 to over 12 tons since 1997.

Cannabis resin

102. Seizure statistics of cannabis resin in 1999 reflect no major changes over recent years, globally or at the country level, suggesting that the main origins of the drug, the trafficking routes used and the major consumer areas remained unchanged. The main sources of cannabis resin continue to be Morocco and countries in south-west Asia, particularly Pakistan. As with cannabis herb, exact data on the extent of cannabis resin production is not available. The main consumer market remains western Europe.

103. Global seizures of cannabis resin have reflected a more or less stable trend in the last few years (see figure 31). A total of almost 900 tons was seized worldwide in 1999, a volume similar to that intercepted in 1998. Additionally, the percentage breakdown of seizures per region remained similar in both years. Western Europe accounted for about 77 per cent of the global seizure volume of cannabis resin, south-west Asia for less than 15 per cent and north Africa for 7 per cent.

104. This recent stability was, however, preceded by a continuous rise in the global seizure volume during the last two decades, reaching a peak of over 1,000 tons in 1995. The shares of the three subregions in the global seizures have shifted during this period. Seizures in western Europe rose continuously during the 1980s and 1990s. Those in south-west Asia and north Africa, however, fluctuated rather widely in the past and seem to have followed a decreasing trend in recent years (see figure 34).

105. North Africa remains a major source of cannabis resin. Morocco continues to account for about 90 per cent of the cannabis resin seizures in Africa. Interceptions have decreased during the last few years, amounting to 54.8 tons in 1999. Other countries in Africa recording seizures of cannabis resin in 1999 include Algeria (4 tons) and Tunisia (1.9 tons).

106. The bulk of cannabis resin seizures in south-west Asia continues to take place in Pakistan, where seizures amounted to 81.5 tons in 1999. Though this reflects a slight increase over 1998, the trend in recent years is one of decline, and Pakistan's seizures now account for less than 60 per cent of the regional total, down from more than 80 per cent previously. During recent years, the volume of cannabis resin intercepted in the Islamic Republic of Iran has increased, though it remained at a lower level (18.9 tons) than that of Pakistan in 1999. Additionally, Oman and Turkmenistan recorded a relatively large seizure volume of cannabis resin in 1999, amounting to 14.3 tons and 10.4 tons, respectively. Other countries in Asia with a seizure level between 1 and 3 tons include Bahrain, India, Nepal, the United Arab Emirates and Saudi Arabia. Though consumption of cannabis resin is high in some countries in Asia, many States are also used as transit countries for trafficking to western Europe.

107. Western Europe remains the main consumer region for cannabis resin. Seizures have been increasing rapidly over the last two decades and remain dominated by Spain, which continues to be the main entry point of cannabis resin trafficked to western Europe. The country recorded seizures of over 430 tons in 1999, which is more or less in line with 1998, but much higher than ever before and accounts for 48 per cent of the global seizure volume (see figure 32). Other major entry and transit countries in Europe are France and the Netherlands, which reported more than 60 tons each, reflecting a slight increase in the case of France. Italy recorded a relatively large seizure volume of 46.8 tons in 1999, while cannabis resin seizure in the United Kingdom seems to have declined from an

Seizures of cannabis herb and cannabis resin

Figure 29
Global cannabis herb seizures, 1986-1999

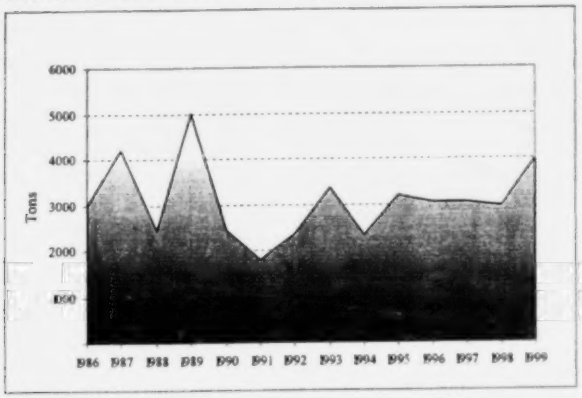


Figure 30
Cannabis herb seizures in 1999: global ranking of countries
(In tons)

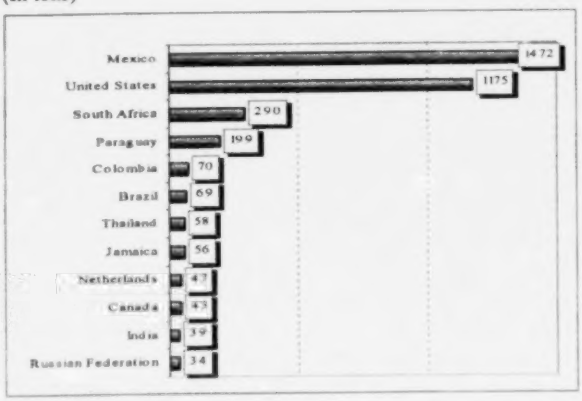


Figure 31
Global cannabis resin seizures, 1986-1999

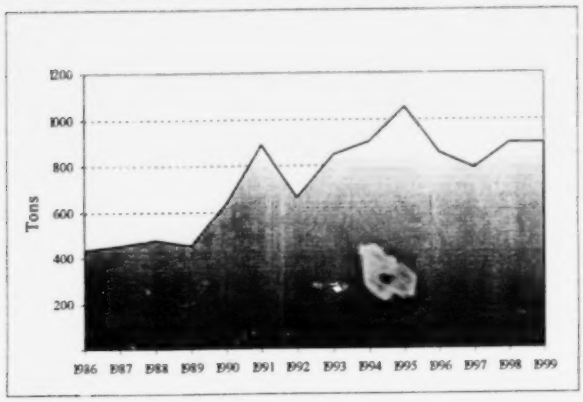


Figure 32
Cannabis resin seizures in 1999: global ranking of countries
(In tons)

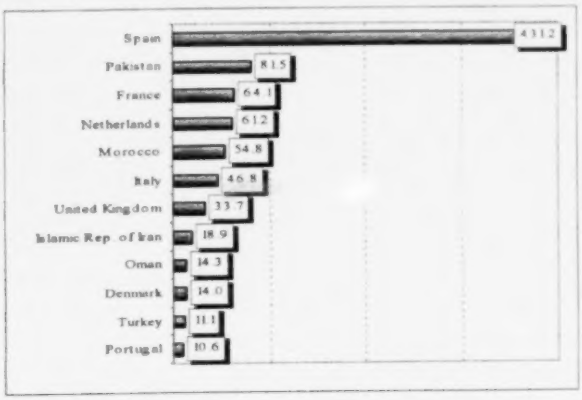


Figure 33
Cannabis herb seizures by region, 1990-1999

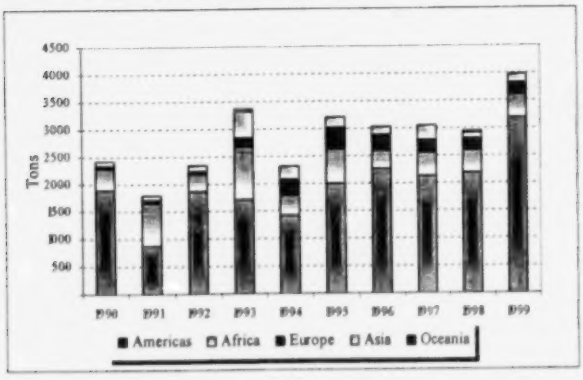
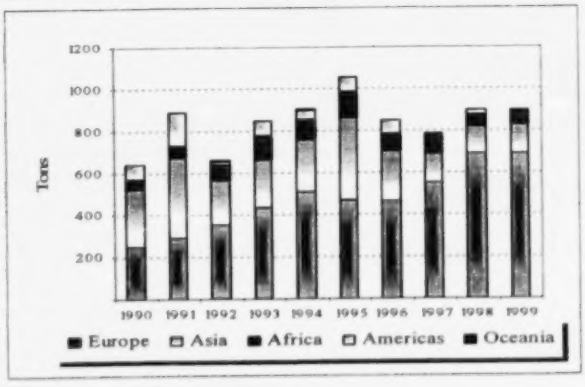


Figure 34
Cannabis resin seizures by region, 1990-1999



average 90 tons in recent years to 33.7 tons in 1999. The only other countries in the region with cannabis resin seizures above 10 tons in 1999 are Denmark, Portugal and Turkey, and seizures between 1 and 5 tons were recorded in Belgium, Germany, Ireland, Norway and Sweden.

108. Cannabis resin seizures in the Americas remain limited. The only country recording significant quantities remains Canada, though seizures have declined in recent years, amounting to 6.5 tons in 1999.

VIII. Manufacture and trafficking trends of amphetamine-type stimulants and other synthetic drugs

109. The illicit manufacture and trafficking of amphetamine-type stimulants continues to take place predominately in the three main regions: North America, western Europe and south-east Asia. Unlike with plant-based drugs, the production of synthetic drugs occurs within their main consumer areas. Trafficking is, therefore, to a large extent limited to the regional level. The exception to this remains the Ecstasy-type substances. While trends in western Europe and in North America reflect some stabilization, south-east Asia is emerging as a rapidly rising market.

110. The statistics on detection of clandestine laboratories as set out in the present section do not provide an indication of the volume of drug production, but rather an overview of trends and regional locations of drug manufacture. (Further information on the limitations and usefulness of the laboratory statistics is given in section I above.)

Methamphetamine

111. Illicit manufacture of amphetamine-type stimulants in North America continues to relate primarily to methamphetamine. Statistics on the detection of clandestine methamphetamine laboratories in North America reflected a massive increase in recent years (see figure 35). Manufacture of this drug primarily takes place in the United States and to a lesser extent in Canada and Mexico. In the United States, the number of clandestine methamphetamine laboratories seized has increased rapidly since 1996, rising from an average of 400 between 1985 and 1995 to 2,063 in 1999.[24] Illicit manufacture of amphetamine, on the other hand, though always at a much lower level in the United States and less significant than methamphetamine, decreased over this period from an average of 80 laboratories detected per year during the 1980s, to 2 to 5 since 1994) (see figure 37). The increased number of methamphetamine laboratory detections might, however, be related to increased law enforcement activities or a trend towards detection of smaller laboratories, because indications are that abuse of methamphetamine in the United States is levelling off. Methamphetamine manufacture reported by Canada and Mexico also reflected increases in 1999, but figures remain much lower than in the United States (Canada reported 12 and Mexico 13 laboratories).

112. Methamphetamine manufactured in North America continues to supply mainly domestic markets. Parallel to the rising trend in laboratory statistics, seizures of stimulants have been rising in North America since 1996, despite stable consumption trends (see figure 39). Annual stimulant seizures in the United States, most of which refer to methamphetamine, rose from a few hundred kilograms during the early 1990s to an unprecedented level of 2.6 tons in 1999. Mexico has also recorded significant quantities of methamphetamine interception over recent years, peaking at 358 kg in 1999.

113. The second region where methamphetamine is produced, trafficked and consumed in large quantities remains east and south-east Asia. The availability of the drug is spreading fast throughout the entire region. Clandestine manufacturing activities seem to be concentrated, inter alia, in the Myanmar-Thailand border area, which was once exclusively known for heroin production. The traditional drug production has expanded in recent years to include also methamphetamine manufacture, which is increasingly becoming the focus of drug traffickers in the region. No data are available on laboratory detections in Myanmar, but Thailand has reported the discovery of 12 to 16 laboratories per year since 1996. According to unconfirmed information received, about 50 new methamphetamine laboratories have emerged recently along the border area, which seems to have become a major source for methamphetamine trafficked and consumed throughout the region. Increases in methamphetamine trafficking in east and south-east

Asia are also reflected in seizure statistics from the region (see figures 41-44).

114. As in most countries in south-east Asia, stimulant seizures in Thailand and Myanmar reached unprecedented peaks in 1999. During the early 1990s, Thailand's average seizure level was about 700 kg, which steadily increased in recent years to 4.5 tons in 1999. Interceptions in Myanmar have risen from 60 to 311 kg over the last four years (see figure 43).

115. China appears to be another major source of methamphetamine in the region. In 1995 and 1996, it reported the detection of a large number of methamphetamine laboratories. Though no data are available for recent years, the International Narcotics Control Board (INCB) reported that China has remained a major source of clandestinely manufactured amphetamine-type stimulants.[25] The country also appears to be a principal source of ephedrine, which is used in the manufacture of methamphetamine and trafficked throughout the region. In addition to manufacturing activities, China also seems to serve as a trans-shipment point for the illicit traffic of stimulants originating in Myanmar and Thailand and transported into Japan and the Republic of Korea. Seizures in China, which were just over one ton in recent years, climbed to a worldwide record level of 16 tons in 1999. No further information is available on this enormous seizure total, which would make China account for about 50 per cent of the global stimulant seizure volume (mainly amphetamine and methamphetamine) and the entire region of east and south-east Asia for more than 75 per cent of the global total in 1999 (see figures 42 and 44). For the first six months in 2000, the Government of China reported a total seizure volume of more than 17 tons of methamphetamine and more than 10 tons of ephedrine.[26]

116. The Republic of Korea reported the detection of two methamphetamine laboratories during 1999 and also indicated that the most notable feature in methamphetamine trafficking since 1998 was the increased smuggling of the drug from sources in Thailand. However, the majority of importations continue to originate in China and, to a lesser extent, the Philippines.[27] Stimulant seizures in the Republic of Korea have remained relatively stable in recent years, amounting to 29 kg in 1999.

117. The Philippines reported the discovery of three methamphetamine laboratories in 1999 and indicated that additional quantities of that drug were illegally imported from China. A total of 944 kilograms were seized in 1999, which is a 20 per cent increase over to the last record in 1996 and more than 10 times higher than in 1998 (see figure 43). According to the Government, methamphetamine, locally known as "shabu", has become the most commonly abused drug in the Philippines.[28]

118. Similarly, Japan has faced an enormous increase in trafficking and abuse of methamphetamine, which is the most widely abused drug in the country.[29] Of the arrests made in 1999, 93 per cent involved stimulant drug offences and the seizure quantity of that year (1.9 tons) exceeded the total amount confiscated over the previous five years (average of 350 kg per year) (see figure 43).

119. Methamphetamine manufacture and abuse has also been reported by New Zealand. The country detected six clandestine laboratories in 1999, but stimulant seizures remained relatively small. In Australia, amphetamine-type stimulants have become the most frequently used illicit drug after cannabis. The country reported the detection of 131 clandestine laboratories during 1998-1999, most of which were involved in methamphetamine production, but also other amphetamine-type stimulants. Stimulant seizures in Australia have decreased in recent years, from over 600 kg in the mid-1990s to 180 kg in 1998, which may be the result of increased domestic production and a smaller demand for imported products.[30]

120. The availability of methamphetamine in Europe remains limited. The only country with illicit methamphetamine production continues to be the Czech Republic, where the drug is destined for the domestic market. The country reported the discovery of 27 manufacturing sites in 1999 and between 7 and 50 per year during the last decade. In 1998, Ukraine reported for the first time that illicit methamphetamine manufacture was taking place. The country reported the detection of seven methamphetamine laboratories, but no data are available for 1999. Slovakia also reported the detection of two laboratories involved in the illicit manufacture of methamphetamine in 1999. A number of countries in western Europe reported small quantities of methamphetamine seizures, but the drug does not seem to pose a significant threat to the region

Amphetamine-type stimulants: manufacture and seizure trends in North America

Figure 35
Methamphetamine manufacture in North America, 1985-1999

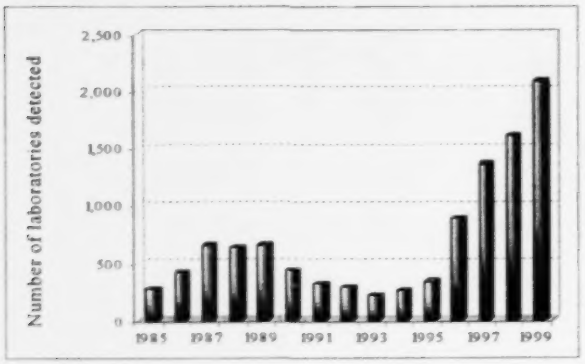


Figure 36
Ecstasy-type substances manufacture in North America, 1985-1999

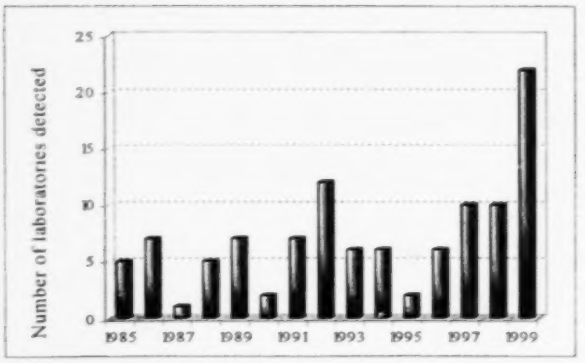


Figure 37
Amphetamine manufacture in North America, 1985-1999

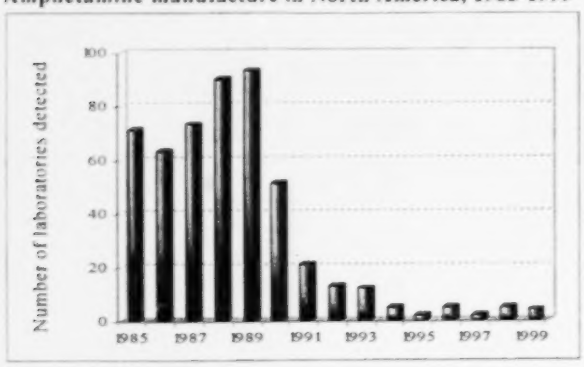


Figure 38
Hallucinogen (excluding Ecstasy) manufacture in North America, 1985-1999

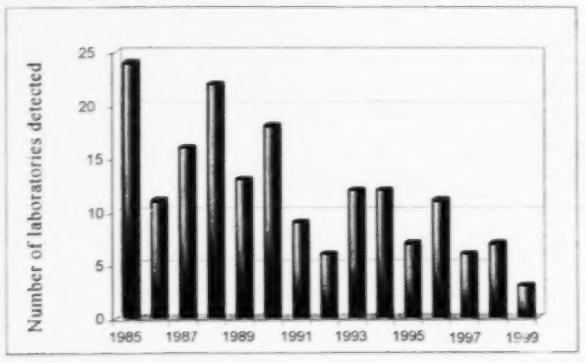


Figure 39
Stimulant seizures in North America and trends in the highest ranking countries, 1985-1999

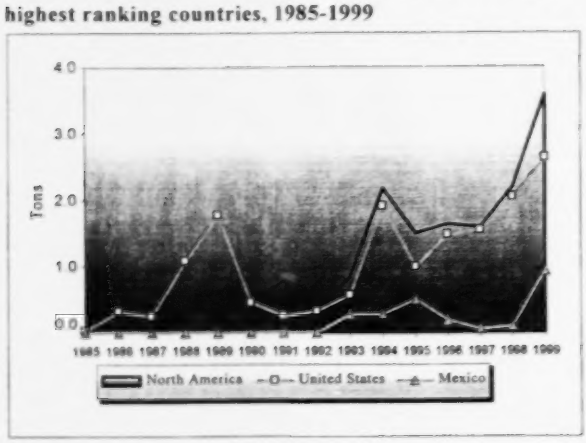
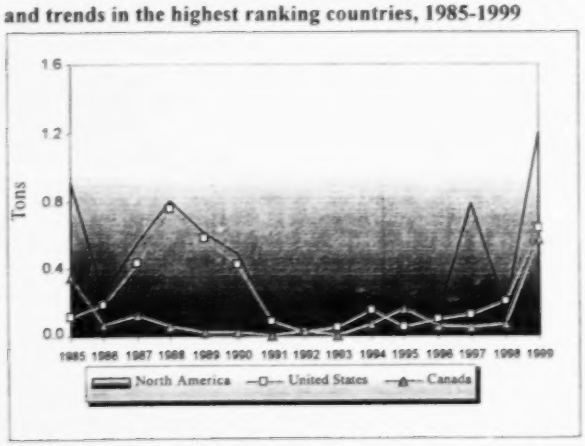


Figure 40
Hallucinogen (including Ecstasy) seizures in North America and trends in the highest ranking countries, 1985-1999



Methamphetamine: seizure trends in east and south-east Asia

Figure 41
Stimulant (mainly methamphetamine) seizures in east and south-east Asia (excluding China), 1986-1999

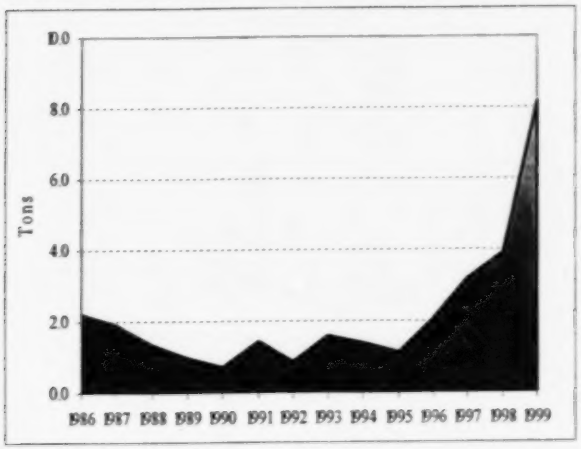


Figure 42
Methamphetamine seizures in China, 1986-1999

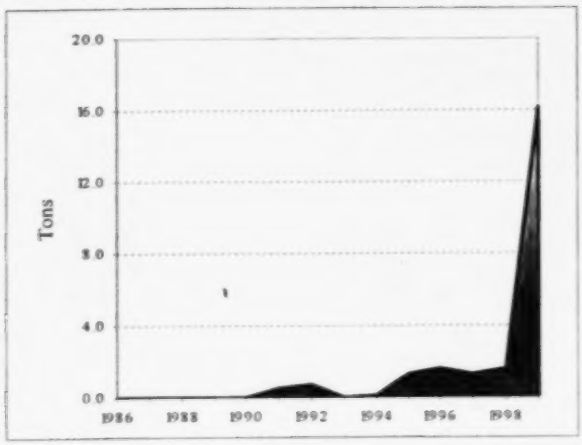


Figure 43
Stimulant (mainly methamphetamine) seizures in east and south-east Asia, 1998-1999: ranking of countries (excluding China)
(In tons)

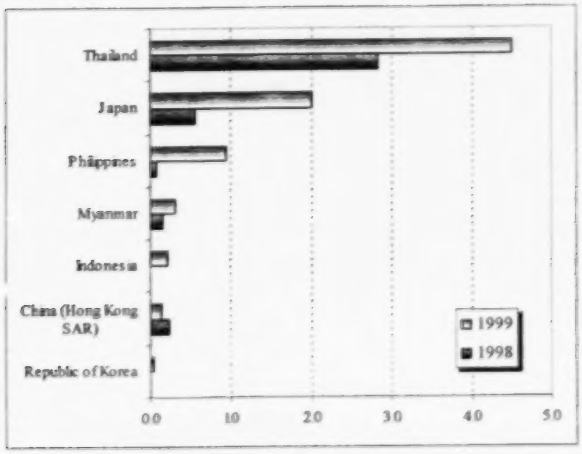
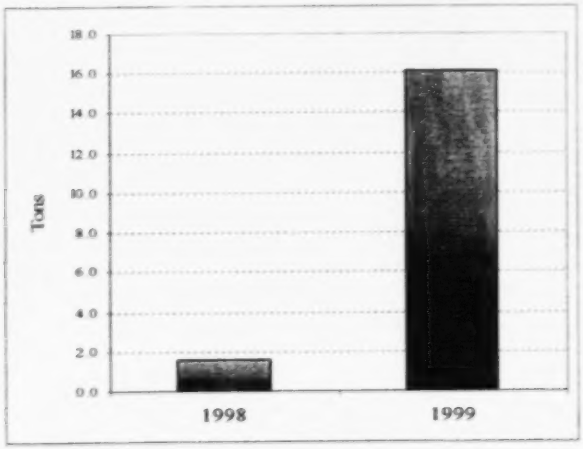


Figure 44
Methamphetamine seizures in China, 1998-1999



at present. However, some concern exists with regard to a possible initiation of methamphetamine smuggling from south-east Asia to Europe.

121. Finally, Egypt continues to report the manufacture of methamphetamine (referred to as maxiton forte). However, seizures of that drug type, which have been relatively large during the 1980s and early 1990s, have decreased significantly in recent years. Other countries in Africa and the Near and Middle East reporting stimulant seizures in 1999 include Nigeria (322 kg), Saudi Arabia (75 kg), Côte d'Ivoire (56 kg) and the Syrian Arab Republic (15 kg).

Amphetamine

122. The production and abuse of amphetamine continues to be concentrated in Europe. Eastern Europe has emerged as a manufacturing zone in recent years, however, the most important production area remains western Europe, with Germany, the Netherlands and the United Kingdom continuing to report the highest number of clandestine amphetamine laboratories. In addition, amphetamine manufacture has been reported in Belgium, Denmark, Spain and Sweden in recent years, and similar reports were received from Finland and Italy in 1994 and 1995 (see figure 45).

123. In eastern Europe, reports have been received from various countries since 1991 on laboratory seizures relating to amphetamine manufacture (except for the Czech Republic and other countries where the manufacture of methamphetamine takes place). Throughout the 1990s, Poland noted an increasing trend in illicit amphetamine manufacture taking place in the country, with up to 10 laboratories detected per year (8 were detected in 1999). Bulgaria reported two laboratory detections during that period and Hungary one. In addition, the manufacture of amphetamine seems to have spread to the Baltic States. Since 1996, Estonia and Latvia have reported two and Lithuania one amphetamine laboratory.

124. As for seizure statistics, interceptions of stimulants in Europe, most of which seem to relate to amphetamine, decreased for the first time in 1999 at the regional level, after a steadily rising trend through the 1980s and 1990s (see figure 47). The regional seizure total reached almost 5 tons in 1998, but dropped to 3.8 tons in 1999. This decline was primarily related to the United Kingdom, which recorded about 50 per cent of the regional stimulant seizure total during the last decade. Stimulant interceptions in the United Kingdom increased significantly during the 1990s, climbing to a peak of 3.3 tons in 1997, but decreased in 1998 and in 1999, when seizures totalled 1.2 tons. A number of other countries in western Europe with large seizure totals (see figure 48) noted a decrease in 1999, including the Netherlands (853 kg), Belgium (330 kg), Norway (52 kg) and Spain (50 kg). However, seizures in the Netherlands continue to account for the second largest volume in Europe, following the United Kingdom. Stimulant seizures continue to reflect rising trends in Finland (133 kg), France (233 kg), Germany (360 kg) and Sweden (246 kg). The decreasing trend in several countries, including the highest ranking (the Netherlands and the United Kingdom), indicates a stabilization trend with regard to amphetamine trafficking in Europe.

125. In eastern Europe, smuggling of stimulants has increased over recent years, though seizures remain at a much lower level than in western Europe. Bulgaria, the Czech Republic, Hungary, Poland and Ukraine have reported relatively large seizure volumes. The bulk of stimulant seizures recorded in Europe relate to amphetamine, except for those in Hungary and perhaps some in Ukraine, which may relate to methamphetamine.

126. As mentioned above, the United States continues to record some amphetamine laboratory detections, but the number has decreased in recent years and the drug remains insignificant as compared to methamphetamine availability in the country. In this context, it must be noted, however, that statistics on seizures of amphetamine-type stimulants often do not differentiate between the various types. Mexico reported a relatively large seizure of amphetamine in 1999 (568 kg), in addition to the country's interceptions of methamphetamine during that year. Yet the amphetamine seizure was reportedly due to only one single case, which originated in Germany and was destined for the United States.[31] Despite this relatively large seizure case, there is currently no other indication of a rising trend of amphetamine trafficking from Europe to the Americas.

127. Amphetamine is also not of significant concern in south-east Asia. The only country that continues to report on amphetamine production is Australia. As with methamphetamine, most of the amphetamine available in Australia is domestically produced.

Amphetamine abuse has been associated with polydrug use, and the drug is commonly injected.[32]

Ecstasy-type substances

128. Trafficking and abuse of Ecstasy-type substances[33] has been increasing rapidly in several regions. Ecstasy is, however, more exposed to international trafficking than other amphetamine-type stimulants. Seizure statistics for 1999 reflected particularly large rises in several countries throughout the world (see figures 40 and 49).

129. The manufacture of Ecstasy-type substances continues to be concentrated in western Europe, which supplies expanding consumer markets in many parts of the world, including North America and south-east Asia. Belgium, Germany, the Netherlands, the United Kingdom and, to a lesser extent, France and Spain all reported the detection of clandestine laboratories manufacturing Ecstasy-type substances in recent years. In 1999, the Netherlands reported the detection of 24 Ecstasy laboratories, Belgium 4 and Germany and the United Kingdom one each. Unlike in the case of amphetamines, the production of Ecstasy-type substances does not seem to have spread to eastern Europe to such a great extent. Only Ukraine reported the discovery of Ecstasy laboratories in recent years. In this context, Ukraine appears to have emerged as a production site for synthetic drugs, with seven methamphetamine and three Ecstasy laboratories being discovered over recent years. The country also recorded some seizures of Ecstasy in 1999 (see figure 46).

130. A rising trend was also reflected in seizure statistics for Europe in 1999, though a higher peak was noted in earlier years (see figure 49). The United Kingdom recorded a very large seizure volume of Ecstasy-type substances in 1999, signifying an enormous increase over previous years. Large seizure quantities in 1999 and increases over previous years have also been reported in Belgium, France, Germany, Ireland and the Netherlands (see figure 50).

131. Manufacture of Ecstasy-type substances in North America remains relatively limited, though abuse of the drug is spreading fast throughout the region. Detection of clandestine laboratories in the United States has occurred to a limited extent in recent years, but in 1999 the number of discoveries increased to 14. A similar trend was noted in Canada. The number of Ecstasy laboratories seized in Canada was between one and three in recent years, but increased to eight in 1999 (see figure 36). Though Ecstasy seems to be increasingly manufactured in North America, Europe remains the primary source of that type of drug, which continues to be trafficked to many parts of the world, including North America. In the United States, it has been estimated that 80 per cent of Ecstasy-type substances consumed worldwide originate from clandestine laboratories in the Netherlands and Belgium.[34]

132. The increase in the trafficking of Ecstasy to North America is also reflected in seizure statistics. Annual seizure data reported by Canada and the United States reflected an enormous rise in recent years. Particularly large increases were noted in 1999 (see figure 40) and reports for 2000 on customs seizures in the United States reflect further increases.[34]

133. Ecstasy-type substances have also spread to east and south-east Asia. Australia continues to be the main destination of illicit traffic of methylenedioxymethylamphetamine (MDMA), originating from western Europe. Other countries in the region, too, have noted the emergence and increase in trafficking of that drug type, with Ecstasy seizures being made in, for example, China (Hong Kong SAR), Indonesia, Malaysia, Singapore and Thailand. According to reports from Australia, the origin of MDMA continues to be Belgium, the Netherlands and the United Kingdom.[35] To a limited extent, Ecstasy is also produced within the region, mainly in Australia and Indonesia. During 1998-1999, five MDMA laboratories were found in Australia. Indonesia, which is known as a transshipment point for trafficking of Ecstasy-type substances, reported the detection of one MDMA/methylenedioxyamphetamine (MDA) laboratory in 1999. The country also reported a relatively large stimulant seizure totalling 219 kg.

134. Finally, Ecstasy also continues to be trafficked in other regions of the world. Israel recorded a relatively large Ecstasy seizure in 1999. Some Ecstasy was also seized in Brazil and South Africa during that year.

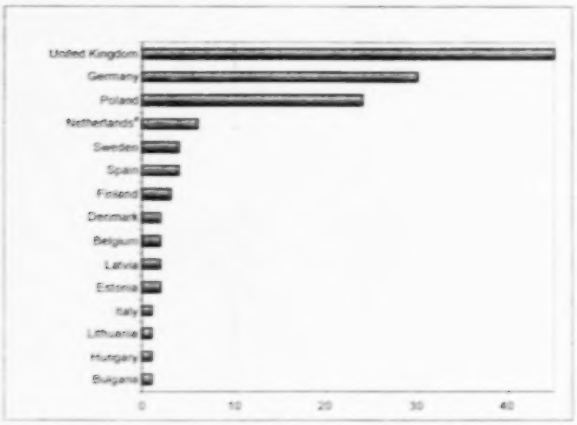
Other synthetic drugs

135. The significance of lysergic acid diethylamide (LSD) for illegal drug markets in North America and western Europe seems to have declined in recent years. Most countries in both regions, as well as Argentina,

Main countries of manufacture and seizure trends in Europe

Figure 45

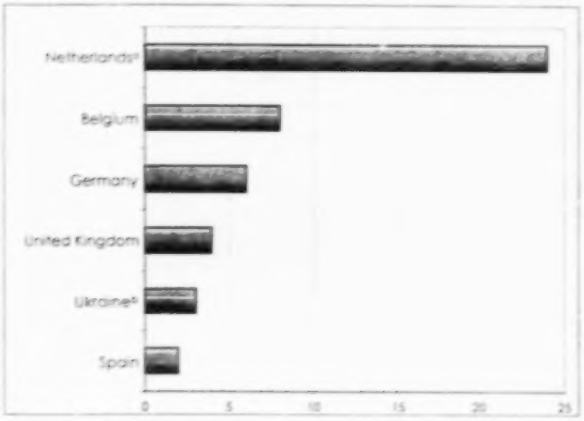
Amphetamine laboratory detections reported by countries in Europe, 1994-1999



[a]The Netherlands additionally reported a number of laboratory detections of manufacture of various amphetamine-type stimulants, such as amphetamine and Ecstasy.

Figure 46

Ecstasy laboratory detections reported by countries in Europe, 1997-1999



[a]The Netherlands additionally reported a number of laboratory detections of manufacture of various amphetamine-type stimulants, such as amphetamine and Ecstasy.
[b]Ukraine additionally reported the detection of seven methamphetamine laboratories.

Figure 47

Stimulant (mainly amphetamine) seizures in Europe and trends in the highest ranking country, 1986-1999

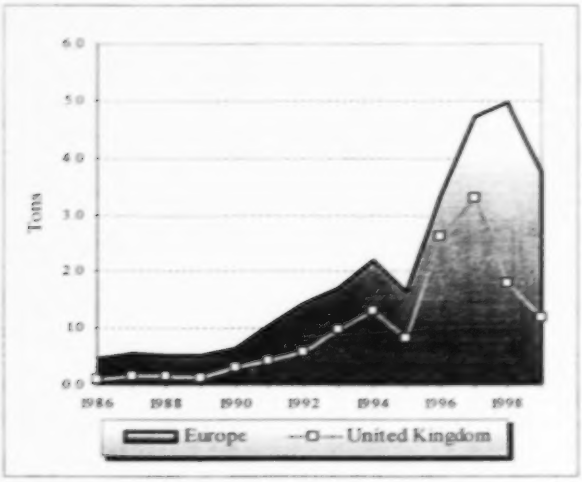
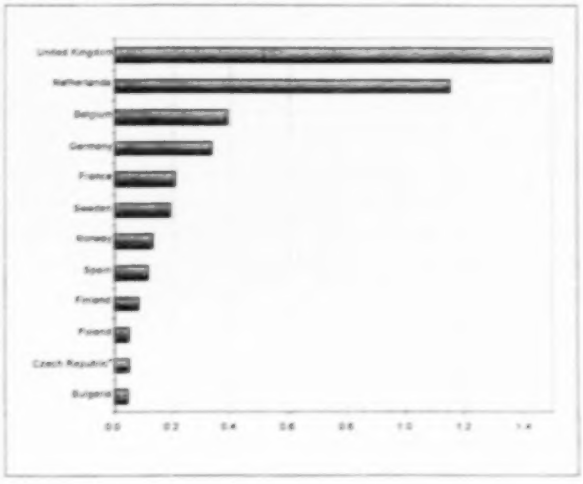


Figure 48

Stimulant (mainly amphetamine) seizures in Europe, 1998-1999 (average): ranking of countries

(In tons)



[a] Relates mainly to methamphetamine.

Figure 49
Hallucinogen (including Ecstasy) seizures in Europe and trends in the highest ranking country, 1986-1999

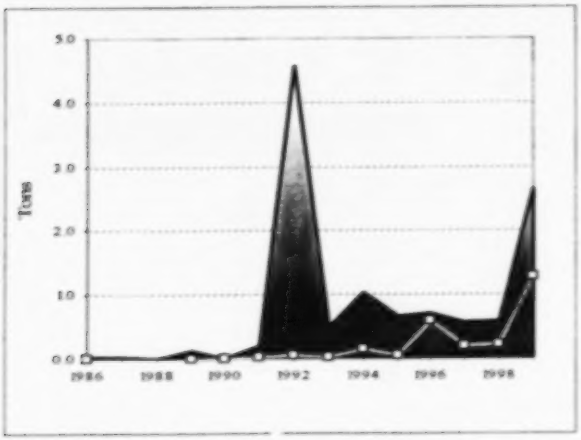
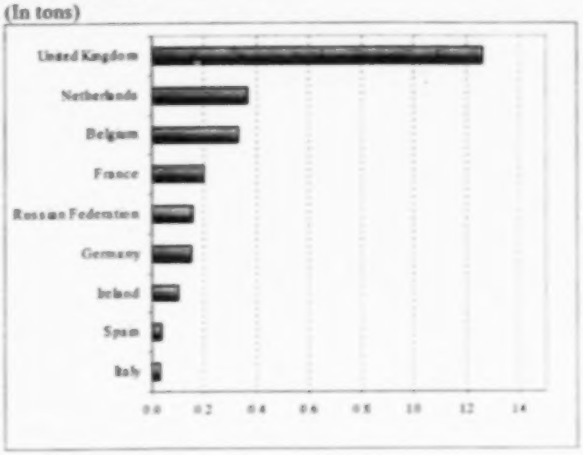


Figure 50
Hallucinogen (including Ecstasy) seizures in Europe in 1999: ranking of countries
(In tons)



Australia, Hungary, Indonesia, Israel, Japan, Poland, New Zealand and South Africa, recorded LSD seizures in 1999, but a falling trend has been noted in many countries. However, the United States recorded a relatively large seizure total of 65 kg in 1999.

136. A decreasing trend has also been noted in methaqualone trafficking in recent years. Seizures are declining in India, the main source country in the past. A total of 470 kg was intercepted in 1999, the lowest level since the early 1980s. However, consumption in South Africa, the main market for the drug, remains high. Seizure of methaqualone in South Africa amounted to 625 kg in 1999, which is the average level for the decade, but is higher than recent years. Production of methaqualone is assumed to take place within the African region. Other countries in southern Africa, including Namibia and Zambia, recorded methaqualone seizures in 1999, but the quantities intercepted were relatively low. Methaqualone is basically not available in other regions, except, to a very limited extent, in North America. Canada recorded 56 kg and the United States an equivalent of 8 kg of methaqualone seized in 1999.

137. Since many countries continue to report the Ecstasy-type substances in the hallucinogen group, statistics on other hallucinogens are difficult to analyse. However, in 1999, Thailand recorded large quantities of hallucinogen seizures other than Ecstasy. Additionally, Kazakhstan reported very large hallucinogen seizures for 1999.

138. Turkey continues to record seizures of captagon (fenetylline), and for the first time in 1999 reported the detection of a laboratory for illicit captagon manufacture, though its manufacturing capacity or whether it was used for tableting purposes remained unknown. Slovenia also reported the discovery of a fenetylline laboratory during the same year.

IX. Reports of the subsidiary bodies of the Commission

139. Three meetings of the Commission's subsidiary bodies were held in 2000. The thirty-fifth session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East was held in Antalya, Turkey, from 26 to 30 June 2000; the Tenth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Latin America and the Caribbean, was held in Ottawa from 3 to 6 October 2000; and the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies,

Asia and the Pacific, was held in Yangon from 14 to 17 November 2000.

140. Each meeting, following a review of drug trafficking trends and regional and subregional cooperation, addressed drug law enforcement issues of priority concern for the region. Consideration of these issues was facilitated by the discussions that took place during informal meetings of working groups established for that purpose. In addition, it is the practice of subsidiary bodies to review the implementation of previous recommendations on a biennial basis, with the exception of HONLEA, Europe, which is convened on a triennial basis.

141. The thirty-fifth session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East considered the following issues: practical measures taken by law enforcement agencies to mobilize community support for anti-drug objectives; measures to eliminate or reduce corrupt practice on the part of law enforcement personnel; and emerging trends in illicit drug traffic, including smuggling through the mail and express services and the diversion of precursors, and measures to prevent them. The Tenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, examined the role of law enforcement in demand reduction; trends in the manufacture, trafficking, and distribution of amphetamine-type stimulants and action to counter their abuse; and precursor control measures and trends. The Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, examined illicit traffic in, and consumption of, heroin; the impact of electronic crime on drug trafficking strategy; control of stimulants; and illicit traffic by sea.

142. The recommendations of the subsidiary bodies are to be implemented at the national level by the law enforcement agencies attending the meetings. The salient points covered in those recommendations are summarized for the attention of the Commission below. The full texts are contained in the reports of the meetings (UNDCP/SUBCOM/2000/6, UNDCP/HONLAC/2000/4 and UNDCP/HONLAP/2000/5).

A. Recommendations of the subsidiary bodies

1. Demand reduction

143. The principles of drug demand reduction should be included in the curricula of law enforcement training institutions and in the training provided to prosecutors and judges. Law enforcement agencies should identify ways to increase their level of participation in demand reduction activities and build stronger links with other organizations and sectors working in the area. They should also evaluate their demand reduction activities to ensure the most effective use of their resources, while exploring opportunities to secure additional resources from both the Government and the private sector. Governments should implement comprehensive drug demand reduction strategies, including law enforcement agencies, using the resources of all relevant ministries and involving high-profile activities, such as special sports events. Furthermore, Governments should direct more financial resources towards research into the physical, mental and social costs of abuse of illicit drugs.

2. Amphetamine-type stimulants and their precursors

144. Governments should give priority to implementing the measures to prevent the illicit manufacture, import, export, trafficking, distribution and diversion of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances adopted by the General Assembly at its twentieth special session (resolution S-20/4 B of 10 June 1998, sect. I), the relevant provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988[36] and, where applicable, the recommendations contained in the Lucknow Accord on the Adoption of Uniform Measures to Control International Trade in Precursors and Other Chemicals Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances adopted by the Economic and Social Council in its resolution 1999/31 of 28 July 1999. Governments should assess the requirements of national industries for precursors, in particular potassium permanganate and acetic anhydride, and other selected chemicals, to determine the quantities required for legitimate uses. The provisions of paragraph 10 of article 12 of the

1988 Convention, applicable to substances in table I of the 1988 Convention, should be extended on a voluntary basis to potassium permanganate and acetic anhydride. Furthermore, in view of the health and safety risks associated with dismantling laboratories for the manufacture of synthetic drugs, research and training aimed at reducing the risk to law enforcement officers should be supported.

145. Law enforcement agencies should identify emerging trends in the illicit manufacture and trafficking of amphetamine-type stimulants, sharing the information with other countries and with the International Narcotics Control Board. Governments should make full use of the existing multilateral chemical reporting form to ensure rapid processing of pre-export notifications from other competent authorities. Closer working relationships should be forged with the competent authorities in other countries to target the sources of supply and improve the control over amphetamine-type stimulants and their chemical precursors. Cross-border cooperation to stop trafficking in precursor chemicals to methamphetamine production areas should be improved, with continued support from UNDCP, and Governments should locate clandestine laboratories with a view to dismantling their operations.

3. Illicit traffic in and consumption of heroin

146. Governments should introduce legislation, sound administrative procedures and comprehensive training of law enforcement agencies in the identification, control and movement of precursor chemicals essential for the manufacture of heroin. Furthermore, countries should work to lower barriers to full cooperation through cross-border, bilateral and multilateral agreements with neighbouring States and regional counterparts; enhanced information exchange to strengthen the development of strategic and operational intelligence; and the posting of drug enforcement liaison officers to facilitate investigations and conclude successful prosecutions against those who traffic in heroin. Governments should also strengthen their banking laws with effective anti-money-laundering legislation.

4. Alternative development

147. Where applicable, Governments should actively encourage rural communities engaged in illicit crop cultivation to discontinue the practice in return for the benefits associated with alternative development programmes. Law enforcement authorities should continue to play a critical role in the implementation of such programmes and in ensuring that agreed eradication targets are met, as well as in preventing the renewed cultivation of illicit crops in areas where eradication has already taken place. Furthermore, international donors and Governments should continue to support UNDCP alternative development projects.

5. Anti-corruption measures

148. There should be procedures in place to properly investigate reports of corrupt practices by drug law enforcement personnel and to guarantee a high level of integrity. Furthermore, there should be procedures to protect any officer reporting on such corrupt practices. Governments should also adopt a code of conduct applicable to high-ranking officials in sensitive positions, such as in police and customs services, to ensure a high level of integrity. Integrity programmes should be adopted to address corruption by those holding public office, drawing on the work of the United Nations and other international organizations. Measures to reduce corrupt practice on the part of drug law enforcement personnel include salary programmes to ensure adequate remuneration, making the involvement of law enforcement personnel in drug trafficking an aggravated criminal offence, holding officials accountable for their actions and establishing a monitoring mechanism.

6. Trafficking by mail

149. Drug law enforcement agencies should adopt measures to screen outbound international mail in order to intercept, investigate and deter consignments of illicit drugs before they are exported. Law enforcement agencies should develop systematic targeting and profiling procedures to identify couriers and concealed consignments. They should also enter into agreements with postal companies to identify illicit drug consignments.

7. Electronic crime and drug trafficking

150. With regard to electronic crime, Governments should develop national policies supporting law enforcement responses. Law enforcement agencies should liaise with Internet service providers concerning

the retention of relevant data and combating money-laundering via the Internet.

8. Trafficking by sea

151. Countries should develop specialist strategies and proactive approaches against maritime trafficking, including a maritime intelligence capacity to monitor vessel movements, as well as sharing such information with other Governments.

B. Other matters brought to the attention of the Commission

152. The attention of the Commission was drawn to the offer of the Government of Australia to host the Twenty-fifth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, on a date to be determined by UNDCP and the Government of Australia.

Notes

[1] UNDCP Afghanistan Programme, *Annual Opium Poppy Survey, 2000*.

[2] UNDCP Afghanistan Programme, *Annual Opium Poppy Surveys, 1999 and 2000*.

[3] Lao National Commission on Drug Control and Supervision, *Annual Opium Poppy Survey, 1999/2000*.

[4] Government of Thailand, Country report submitted to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held at Yangon from 14 to 17 November 2000.

[5] Government of Pakistan, *Poppy Crop Survey, 1998-1999*.

[6] Office for Drug Control and Crime Prevention Regional Office for Central Asia, *Annual Cannabis and Opium Poppy Survey, 1999*.

[7] Government of the Islamic Republic of Iran and UNDCP, *Rapid Assessment of Drug Abuse Iran, 1999*.

[8] UNDCP press release of 11 July 2000 on the UNDCP Opium Elimination Programme launched in Lao People's Democratic Republic.

[9] Reported by the UNDCP Regional Office in Bangkok.

[10] Reported by the Asian Harm Reduction Network.

[11] Heroin resulting from processing activities taking place in Afghanistan is assumed to be of rather poor quality (brown heroin). However, recent seizure reports from Pakistan also indicate the availability of high quality white heroin in the region. In this context, general information with regard to the quality of opiates available in the region (in the form of morphine or different forms of heroin) is lacking.

[12] Government of Finland, Annual reports questionnaire, 1999.

[13] Government of the Czech Republic, Annual reports questionnaire, 1999.

[14] Beyrer, Razak, Lisam, Chen, Lui and Yu, Overland heroin trafficking routes and HIV-1 spread in south and south-east Asia, *AIDS 2000*, vol. 14, pp. 75-83.

[15] United States Drug Enforcement Administration/United States Customs Service/National Drug Intelligence Center/etc., *Global Heroin Threat to the United States*, July 2000. (A similar percentage breakdown of the origin of opiates trafficked to the United States was provided in the annual reports questionnaire, 1999.)

[16] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[17] Government of Canada, Annual reports questionnaire, 1999.

[18] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[19] United States Office of National Drug Control Policy, *Cocaine Flow to Europe: update 2000* (June 2000).

[20] Results of this assessment were reported by the Government of the United States in the annual reports questionnaire, 1999.

[21] Government of Germany, Annual reports questionnaire, 1999.

[22] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[23] ODCCP Regional Office for Central Asia, *Annual Cannabis and Opium Poppy Survey, 1999*.

[24] The total number of methamphetamine laboratory detections reported by the United States for 1999 amounted to 6,894. However, the figure used in this report refers only to detections made by the

United States Drug Enforcement Administration, which was the only source of laboratory data available in recent years. Thus, for the purpose of comparable data sets, the Drug Enforcement Administration figure was used.

[25] *Report of the International Narcotics Control Board for 1999* (United Nations publication, Sales No. E.00.XI.1).

[26] Government of China, Country report submitted to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific.

[27] Government of the Republic of Korea, Annual reports questionnaire, 1999.

[28] Statement by the Government of the Philippines at the forty-third session of the Commission on Narcotic Drugs, held from 6 to 15 March 2000.

[29] Statement made by the Government of Japan at the forty-third session of the Commission on Narcotic Drugs.

[30] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[31] Government of Mexico, Annual reports questionnaire, 1999.

[32] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[33] Ecstasy-type substances mainly include MDMA, MDA and methylenedioxy-N-ethylamphetamine (MDE).

[34] National Drug Intelligence Center/United States Drug Enforcement Administration/United States Customs Service, *Joint Assessment of MDMA Trafficking Trends* (July 2000).

[35] Government of Australia, Bureau of Criminal Intelligence, *Australian Illicit Drug Report, 1998-1999* (March 2000).

[36] *Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).